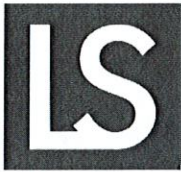


Sabor Latino 22 SW 3rd Street



CITY OF LEE'S SUMMIT, MISSOURI
APPLICATION FOR BUSINESS LIQUOR LICENSE

Please mark ("x") which one of the following licenses you will need for a Lee's Summit, Missouri establishment. Sunday licenses are a separate application.

- A1 - Manufacturing, brewing malt liquor (\$300.00)
- A3 - Wholesale selling of malt liquor (\$75.00)
- B1 - Manufacturing 22% or less alcohol content intoxicating liquor (\$150.00)
- B2 - Manufacturing, distilling, blending intoxicating liquor of all kinds (\$300.00)
- B3 - Wholesale selling of 22% or less alcohol-content intoxicating liquor (\$150.00)
- B4 - Wholesale selling of intoxicating liquor of all kinds (\$375.00)
- C1 - General retail selling of malt liquors, or wine, or both, by the drink **and** in the original package (\$52.50)
- C2 - Hotel retail selling of malt liquor by the drink and in the original package \$52.50)
- C3 - Restaurant retail selling of malt liquor by the drink **and also** in the original package, **including Sunday sales** (\$75.00)
- D - Retail selling of malt liquor only in the original package, **including Sunday** (22.50)
- G1 - General retail selling of intoxicating liquor of all kinds by the drink **and** in the original package (\$450.00)
- G2 - Hotel retail selling of intoxicating liquor of all kinds by the drink **and also** in the original package (\$450.00)
- G3 - Restaurant retail selling of intoxicating liquor of all kinds by the drink **and** in the original package (\$450.00)
- H - Retail selling of intoxicating liquor of all kinds only in the original package (\$150.00)
- I - **Consuming** intoxicating liquor on premises not licensed to sell (C.O.L.) (\$90.00)
- J - Resort retail selling of intoxicating liquor by the drink (\$450.00)
- J (temp) – Resort temporary retail selling of intoxicating liquor by the drink (\$75.00 in addition to Type J)
- M – Caterer temporary location (7-day) for retail selling of intoxicating liquor by the drink (\$15.00/day)
- N – Caterer temporary location (50-day) for retail selling of intoxicating liquor by the drink (\$500.00)
- O – Caterer temporary location (unlimited) for retail selling of intoxicating liquor by the drink (\$1,000.00)
- P – Fourth of July temporary 7-day selling of wine and malt liquor by the drink (church, school, etc.) (\$150.00)
- Q – Temporary (7-day) picnic retail selling of intoxicating malt liquor by the drink (church, school, etc.) (\$15.00/day)
- R – Temporary (7-day) picnic retail selling of intoxicating liquor by the drink (\$37.50/day)
- S - **Sunday** license retail selling intoxicating liquor of all kinds (\$300.00 in addition to specific type)
- Tasting – yearly fee in addition to specific type (\$25.00)

(Any reference to "Applicant" in this document refers to the Owner/Managing Officer.)

To be completed by applicant as (check one):

Sole Owner & Operator Corporation Partnership LLC

Corporation/LLC Name: Sabor Latino 2, LLC

Business Name: Sabor Latino Phone: 816-349-1238

Business Address: 22 SW 3rd Street Lee's Summit, MO 64063

(I), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license:
Type G3/S for the premises described above.

Applicant's Name: Fanny Ruiz De Chavez Phone: 816-349-1238

Home Address: 511 NE Agate Drive, Lee's Summit MO 64064

Place of Birth: _____ Date of Birth: _____

Place of Employment (other than business): _____

Employment Address: _____ Phone: _____

1. List all previous addresses, if less than five years at current address: _____

511 NE Agate Drive, Lee's Summit MO 64064

2. Are you a citizen of the United States of America? Yes If naturalized, give date and place of

naturalization: 8/31/2000 - US Dist Court Western Dist, KL MO

3. Will you be the person in active control and/or management (managing officer) of this business full-time? Yes. If not, give complete details on the planned management and persons involved.

4. Have you or any person employed by you ever held any type of liquor license issued by the City of Lee's Summit or by the licensing authority of any state, county or city? Yes

Provide details: Sabor Latino 2 - 607 NE Woods Chapel Rd

5. Has any such license listed in question #4 ever been suspended or revoked? No If so, please give complete details: _____

6. Have you ever made application for a liquor license that was denied by the City of Lee's Summit or by the licensing authority of any state, county or city? No If so, please give complete details: _____

7. Have you or anyone interested either directly or indirectly in the premises to be licensed hereunder or the operation thereon ever been convicted of a felony? No If so, please give complete details: _____

8. If not a corporation/LLC, give names and business addresses of employers for the past five years. (If self-employed, state nature of business and location.): N/A

9. Is the proposed location within 300 feet of a church or school? No

10. If existing business, from whom and when was the business purchased? NA

Effective date of possession: 8/1/19. Name of mortgage holder, if any: _____

11. Will any distiller, wholesaler, wine maker, brewer, or supplier, or coin operated, commercial, manual or mechanical amusement devices or the employees, officers or agents thereof, have any financial interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and will the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit, or property of any kind except ordinary commercial credit for liquor sold? No If so, please explain: _____

12. Will applicant either directly or indirectly borrow or accept from any person identified in #11 either equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold? No If so, please explain: _____

13. Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the ordinances of Lee's Summit, Missouri, and the laws of the State of Missouri; and do you promise and agree not to violate any of the ordinances of Lee's Summit, Missouri, the laws of the State of Missouri, or the United States in the conduct of the business for which the license is sought? Yes

IF BUSINESS IS OWNED BY A CORPORATION, COMPLETE THIS SECTION:

Name of corporation/LLC: Sabar Latino 2, LLC
State in which incorporated: Missouri Date of incorporation: 1/16/13
If not a Missouri corporation/LLC, date authorized to do business in Missouri: _____

Full name, complete residential address, date of birth and Social Security Number of the President, Vice President, Treasurer and Secretary of the corporation (or Members of the LLC): _____
Fanny Ruiz De Chavez - 511 NE Agate Dr, Lee's Summit MO /
Julio Stredel Suarez - 511 NE Agate Dr, Lee's Summit MO /
Reginald Gray - 4801 Pebble Beach, Lee's Summit MO /

If stock is not publicly held, give names and residential addresses of all stockholders who hold 10% or more of the capital stock: Fanny Ruiz De Chavez - 511 NE Agate Dr, Lee's Summit MO 53%
Julio Stredel Suarez - 511 NE Agate Dr, Lee's Summit MO
Reginald Gray - 4801 Pebble Beach, Lee's Summit MO 47%

(County of Jackson)
ss
(State of Missouri)

I, Fanny Ruiz De Chavez, being of lawful age and duly sworn upon my oath, do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

Fanny Ruiz De Chavez
Applicant's Signature

Subscribed and sworn to before me this 12th day of August, 2019
NATHAN HEIDE
Notary Public - Notary Seal
STATE OF MISSOURI
Jackson County
My Commission Expires: June 26, 2022
Commission # 14698447
Nathan Heide
Notary Public
My commission expires: 6/26/22

SHAREHOLDER - MEMBER - OFFICER INFORMATION

LAST NAME Ruiz De Chavez		FIRST NAME Fanny		MIDDLE INITIAL E	DATE OF BIRTH	PLACE OF BIRTH Caracas, Venezuela	
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	POSITION* Member/ Managing Officer		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 50% of <i>Empajima</i> LLC (53% of Sabor-Latino 2)		
ADDRESS 511 NE Agate Drive		CITY Lee's Summit		STATE & ZIP CODE MO 64064		TELEPHONE NUMBER (816) 349-1238	
LAST NAME Stredel Suarez		FIRST NAME Julio		MIDDLE INITIAL F	DATE OF BIRTH	PLACE OF BIRTH Caracas, Venezuela	
SOCIAL SECURITY NUMBER		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* Member		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 50% of <i>Empajima</i> LLC (53% of Sabor-Latino 2)		
ADDRESS 511 NE Agate Drive		CITY Lee's Summit		STATE & ZIP CODE MO 64064		TELEPHONE NUMBER (816) 328-9073	
LAST NAME Gray		FIRST NAME Reginald		MIDDLE INITIAL K	DATE OF BIRTH	PLACE OF BIRTH <i>Baltimore MD</i>	
SOCIAL SECURITY NUMBER		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* Member		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 47%		
ADDRESS 4801 Pebble Beach St		CITY Lee's Summit		STATE & ZIP CODE MO 64064		TELEPHONE NUMBER (816) 645-1517	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST		
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST		
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER	
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LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST		
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER	

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

To Be Provided By Applicant:

1) The Applicant and/or Managing Officer (if different) shall provide:

- ✓ a) Recent photograph;
- ✓ b) Copy of Missouri voter registration card;
- ✓ c) Copy of paid Missouri personal property tax receipt for year immediately preceding date of application
- ✓ d) Fingerprints (obtained at the Lee's Summit Police Department, Main Lobby, 10 NE Tudor Rd., Lee's Summit, MO). The Applicant and/or Managing Officer (if different) will be fingerprinted as will all officers, directors and any shareholder holding more than a ten percent (10%) interest in the business.

– 2) **Copy of Business License** (contact Treasury Department at 816-969-1139).

– 3) **Copy of Zoning Approval** (contact Planning & Development at 816-969-1600).

4) If existing business location:

- ✓ a) Copy of lease or mortgage showing Proof of Occupancy.
- ? b) Recent photographs of the interior and exterior of the premises to be licensed.

5) For newly constructed or remodeled businesses:

- a) Certificate of Occupancy Permit shall be obtained prior to the actual issuance of a city liquor license (contact Codes Administration at 816-969-1200).
- b) Complete description of the plans, specifications, and fixtures of the proposed place of business.

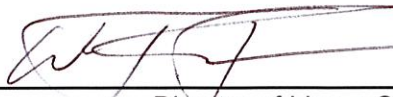
6) **Package Liquor Only:** Inventory Affidavit, notarized by the applicant, stating the type of business presently engaged in, or in conjunction with, which the license shall be used; **AND** stating that in his place of business the applicant has, and at all times keeps, a stock of goods having an invoice of at least \$1,000, exclusive of fixtures and intoxicating liquors.

7) **Appropriate license fee:** Make checks and money orders payable to the City of Lee's Summit.

8) **Estimated date of opening?** _____

For Office Use Only:

It is recommended this application be APPROVED / ~~DISAPPROVED~~ this 7th day of November, 2019.



Director of Liquor Control

City Council Action: Approved Disapproved Date: _____



**APPLICATION FOR LIQUOR LICENSE
TYPE "S" - SUNDAY RETAIL (\$300)**

The following is to be completed by the owner or managing officer:

Sole Owner & Operator Corporation Partnership LLC

Applicant's Name: Sabor Latino 2, LLC

Business Name: Sabor Latino Phone: 816-349-1238

Business Address: 22 SW 3rd Street Lee's Summit, MO 64063

I, the undersigned, hereby make application to the City of Lee's Summit, Missouri, for a Type "S" liquor license in accordance with Chapter 4, "Alcoholic Beverages" Ordinance of the City of Lee's Summit, Missouri.

County of Jackson)

SS

State of Missouri)

I, (please print) Fanny Ruiz De Chavez, being of lawful age and duly sworn upon my oath, do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

x Fanny Ruiz De Chavez
Applicant's Signature

Subscribed and sworn to before me this 12th day of August 2019

My commission expires: 6/26/22
NATHAN HEIDE
 Notary Public - Notary Seal
 STATE OF MISSOURI
 Jackson County
 My Commission Expires: June 26, 2022
 Commission # 14698447

Nathan Heide
Notary Public

It is recommended this application be ~~DISAPPROVED~~ APPROVED this 7th day of November, 2019.

[Signature]
Director of Liquor Control

City Council Action: Approved Disapproved Date: _____