



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

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

Sole Owner & Operator [X] (LLC) Corporation [] Partnership []

Applicant's Name: Teresa Stimac

Business Name: Someplace Else Phone: 816

Business Address: 3512 SW Market St Lee's Summit, MO 64082

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) Teresa Stimac, 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.

Teresa Stimac
Applicant's Signature

Subscribed and sworn to before me this 27th day of July 2016
My commission expires: 5-3-19

ELYANE LYNCH
Notary Public, Notary Seal
State of Missouri
Johnson County
Commission # 15635199
My Commission Expires May 03, 2019

Elyane Lynch
Notary Public

It is recommended this application be APPROVED DISAPPROVED this 28th day of July, 2016.

Director of Liquor Control

City Council Action: [] Approved [] Disapproved Date: