



CITY OF LEE'S SUMMIT
LIQUOR LICENSE
CHANGE IN MANAGING OFFICER

Business Name: On the Border Phone: (816) 875-3603

Business Address: 1800 NW Chipman Rd Lee's Summit, MO 64081

Applicant's Name: Lorene Epple Phone: _____

Home Address: _____

Place of Birth: _____ Date of Birth: _____

Place of Employment (other than business): Brydon, Swearngen & England

Employment Address: PO Box 456, Jefferson City, MO Phone: 573-635-7166

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

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

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 thereon ever been convicted of a felony? No If so, please give complete details: _____

County of Jackson)

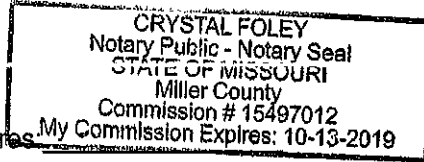
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State of Missouri)

I, Lorene Epple, being of lawful age and duly sworn upon my oath, (Print Applicant's Name) do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

Lorene Epple
Applicant's Signature

Subscribed and sworn to before me this 20th day of May, 2019



Crystal Foley
Notary Public

My commission expires

For Office Use Only:

It is recommended this application be APPROVED / DISAPPROVED this 29th day of May, 2019.

[Signature]
Director of Liquor Control