



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)
- A2 - Manufacturing, brewing non-intoxicating beer (\$375.00)
- 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** 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** 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)
- S - **Sunday** license (\$300.00)

(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: SUMMIT STORSS LLC

Business Name: AUTOTRAL Phone: _____

Business Address: 1101 N.E. RICE ROAD Lee's Summit, MO 64086

(I), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license:

Type H/S for the premises described above. OPL / SOP

Applicant's Name: LALITH S LOKANANDI Phone: _____

Home Address: _____

Place of Birth: _____

Place of Employment (other than business): _____

Employment Address: _____

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: TOPEKA KS 4/11/2008

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.

FULL TIME

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 If so, please give details:

I am the managing officer of the store.

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

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: SEE Response to question 4 - NO SUSPENSIONS NO RESCINCTIONS

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: N/A

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.): NA

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? Temp Stop LLC
dlb/a Temp Stop #110 will surrender lease

Effective date of possession: upon purchase of Real Property
Name of mortgage holder, if any: possession upon approval of liquor license
loan with Citizens Bank - Kansas City MO
zone Rosa

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: N/A

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: N/A

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: LLC

Name of corporation/LLC: Sumit Stress LLC

State in which incorporated: MO Date of incorporation: 6/14/17

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):

see schedule P documents ATTACHED

If stock is not publicly held, give names and residential addresses of all stockholders who hold 10% or more of the capital stock:

see schedule P documents +

Director Agent ATTACHED

County of Jackson)

SS

State of Missouri)

I, LADITH LOKANANDI, 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.

Ladith Lokanandi
Applicant's Signature

Subscribed and sworn to before me this 17 day of July, 2017

[Signature]
Notary Public

My commission expires: _____

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:**

- NA 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.

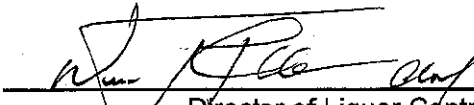
✓ 6) **Package Liquor Only:** Inventory Affidavit, notarized by the applicant, stating the type of business presently engaged in, or in conjunction with, which the license shall be used; **AND** stating that in his place of business the applicant has, and at all times keeps, a stock of goods having an 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 19th day of July, 2017.



Director of Liquor Control

City Council Action: Approved Disapproved Date: _____

MANAGING OFFICER

Schedule P - Personal Data

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name: LALITH LOKANANDI Maiden Name:

Home Address: _

Home Phone Number: Cell Phone Number: _

E-mail Address: LALITHAR427@GMAIL.COM

Business Name: SUMIT STORES LLC Business Phone: _

Business Address: 1101 N.E. RICE ROAD, LEE'S SUMMIT, MO 64086

SSN: _

Spouse's Name: Spouses Maiden: _

Address (if different from above): _

1. Are you a U.S. citizen? [X] Yes [] No Date and place of naturalization (if applicable): Tepic, Ks - 2009

2. Have you ever been arrested, indicted, or convicted for the violation of any federal or state law? [] Yes [] No

If yes, provide additional documentation and list all details.

3. List employers for the past five (5) years. If self-employed, state nature of business and location.

NAME	ADDRESS	PHONE	DATES

4. What percentage of the business do you own? 35 %

5. Have you ever made application for a liquor license that was denied or have you held a liquor permit that was suspended or revoked?

[] Yes [X] No If yes, provide and/or list additional information: N/A

6. Do you or any member of your immediate family have a direct or indirect interest in any other active liquor license?

[X] Yes [] No If yes, please provide additional information: SEDNA Inc

I hereby authorize law enforcement, probation and parole agencies to release all information pertaining to my criminal record and I authorize a social security number trace. I understand that furnishing false or incomplete information on this application may be grounds for denial of the license. I also understand that there is no refund of the fee which accompanies this application if, for any reason, it is denied.

I, LALITH LOKANANDI, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

Lalith Lokanandi SIGNATURE OF APPLICANT

JULY 5/2017 DATE



MANAGING OFFICER APPOINTMENT FORM

DATE JULY 17 / 2017

SUMIT STORES LLC, has appointed

(NAME OF CORPORATION OR ORGANIZATION)

LALITH S LOKANANDI as Managing

(NAME OF MANAGING OFFICER)

Officer for the corporation/organization. The Managing Officer is a person in the licensee's employ, either as an officer or as an employee who is vested with the general control and superintendence of a whole, or a particular part of, the licensee's business, as required by 11 CSR 70-2.030(7).

Lalith S Lokanandi

Officer of the Organization

JULY 17 / 2017

Date(s) of the Event



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 LLC Partnership

Applicant's Name: LALITHA S LOKANANDE

Business Name: AMTOTRAL Phone: _____

Business Address: 1101 N.E. R. ROAD Lee's Summit, MO 64086

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) LALITHA S LOKANANDE, 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.

Lalitha Shankar

Applicant's Signature

Subscribed and sworn to before me this 17 day of July 2017

My commission expires: _____

[Signature]

Notary Public

It is recommended this application be APPROVED / DISAPPROVED this 19th day of

July, 2017.

[Signature]

Director of Liquor Control

City Council Action: Approved Disapproved Date: _____