

Sole Owner & Operator

Corporation

Partnership  LLC

Corporation/LLC Name: Smoke Brewing Company, LLC

Business Name: Smoke Brewing Co. Phone: (816) 578-4300

Business Address: 20956 Main St. 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 AI for the premises described above.  
Manufacturing, brewing malt liquor

Applicant's Name: Glenn J. Edwards Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Employment (other than business): N/A

Employment Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. List all previous addresses, if less than five years at current address: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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? NO If so, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has any such license listed in question #4 ever been suspended or revoked? N/A If so, please give complete details: \_\_\_\_\_  
\_\_\_\_\_

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

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

Name of corporation/LLC: Smoke Brewing Company, LLC  
State in which incorporated: MO Date of incorporation: 9/12/13  
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): \_\_\_\_\_

Glenn J. Edwards,  
Date of Birth:  
Joshua G. Edwards,  
Date of Birth:

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

County of Jackson)  
State of Missouri) SS

I, Glenn J. Edwards 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.

[Signature]  
Applicant's Signature

Subscribed and sworn to before me this 17<sup>th</sup> day of January, 2017

[Signature]  
Notary Public

My commission expires:

