

(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 TAVERN LLC

Business Name: LAKEWOOD PUB Phone: 816 298 3084

Business Address: 818 NE LAKEWOOD BLVD Lee's Summit, MO 64084

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

AK

Applicant's Name: DOMINICAL T MOLLOY

Home Address: _____

Place of Birth: _____ Date of Birth: _____

Place of Employment (other than business): Third STREET SOCIAL

Employment Address: 123 SE Third
Lee's Summit Mo Phone: 816-298-3289

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

see list

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

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. N/A

Summit Grill & Bar - EC & LS, SHARE MANAGEMENT TEAM

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: Summit Grill & Bar - EC & LS MO

Third STREET SOCIAL - LSMO

WALDO RAMSEY KCMO

Summit Liquors - LSMO

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: NA

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: NA

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? NOT PURCHASED

Effective date of possession: 1/1/17 Name of mortgage holder, if any: NONE

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: NA

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:

Name of corporation/LLC: SUMMIT TAVERN LLC

State in which incorporated: MO Date of incorporation: 10/3/16

If not a Missouri corporation/LLC, date authorized to do business in Missouri: NA

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):

Paul A Lode - President - 50% owner
Dan Hall T Malloy - Secretary - 50% owner

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

County of Jackson)

ss

State of Missouri)

I, Dan Hall T Malloy, 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]

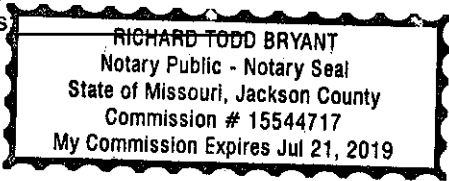
Applicant's Signature

Subscribed and sworn to before me this 19 day of Aug, 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. *Waived - on file*

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.

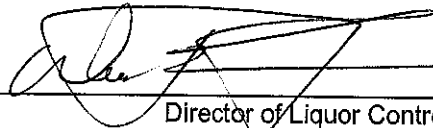
7) **Appropriate license fee:** Make checks and money orders payable to the City of Lee's Summit.

8) **Estimated date of opening?** 3/1/17

For Office Use Only:

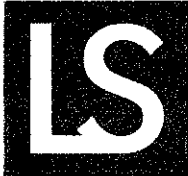
It is recommended this application be APPROVED / DISAPPROVED this 6th day of

March, 2017.



Director of Liquor Control

City Council Action: Approved Disapproved Date: _____



APPLICATION FOR LIQUOR LICENSE

TYPE "S"^K - SUNDAY RETAIL (\$300)

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

Sole Owner & Operator Corporation ^{LLC} Partnership

Applicant's Name: DOMINICAL MOLLEY for Summit TASTON LLC

Business Name: LAKEWOOD Pub Phone: 816-298-3289

Business Address: 811 N.E. LAKEWOOD BLVD Lee's Summit, MO 64064

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

County of Jackson)

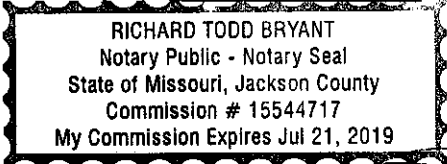
SS

State of Missouri)

I, (please print) DOMINICAL T MOLLEY, 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.

[Signature]
Applicant's Signature

Subscribed and sworn to before me this 16 day of July 2017
My commission expires:



[Signature]
Notary Public

It is recommended this application be APPROVED / DISAPPROVED this 6th day of March, 2017.

[Signature]
Director of Liquor Control

City Council Action: Approved Disapproved Date: _____

LSPD FORM #446 (New, 08/91, Revised 03/00, 09/12)

DATE	3-6-12	RECEIVED FROM	Bryant	CASE NO.		PAYMENT FOR	Lic. Lic.	REC'D. BY	[Signature]	RECEIPT NOS.	130981	AMOUNT	105.00
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THIS OFFICIAL RECEIPT
ISSUED BY
LEE'S SUMMIT POLICE DEPARTMENT

10 N.E. TUDOR ROAD
LEE'S SUMMIT, MO 64086
TELEPHONE 816-969-1715

130981