



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)
- _____ 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 also** 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 also** 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)
- xx _____ 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)
- _____ J (temp) - Resort temporary retail selling of intoxicating liquor by the drink (\$75.00 in addition to Type J)
- _____ M - Caterer temporary location (7-day) for retail selling of intoxicating liquor by the drink (\$15.00/day)
- _____ N - Caterer temporary location (50-day) for retail selling of intoxicating liquor by the drink (\$500.00)
- _____ O - Caterer temporary location (unlimited) for retail selling of intoxicating liquor by the drink (\$1,000.00)
- _____ P - Fourth of July temporary 7-day selling of wine and malt liquor by the drink (church, school, etc.) (\$150.00)
- _____ Q - Temporary (7-day) picnic retail selling of intoxicating malt liquor by the drink (church, school, etc.) (\$15.00/day)
- _____ R - Temporary (7-day) picnic retail selling of intoxicating liquor by the drink (\$37.50/day)
- xx _____ S - **Sunday** license retail selling intoxicating liquor of all kinds (\$300.00 in addition to specific type)
- _____ Tasting - yearly fee in addition to specific type (\$25.00)

(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: ALDI INC (KANSAS)

Business Name: ALDI #6

Phone: 913-768-1119 X 116

Business Address: 560 NW CHIPMAN

Lee's Summit, MO 64063

Email address: DICK2479@AOL.COM

(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.

Applicant's Name: BRENT RAVENSCRAFT

Phone: 913-768-1119

Home Address: _____

Place of Birth _____

Date of Birth: _____

Place of Employment (other than business): ALDI-DIRECTOR OF OPERATIONS

Employment Address: ALDI INC (KANSAS) 10509 S K 7 HIGHWAY, OLATHE KS 913-768-1119

Phone: _____

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

NA

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

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.
THE STORE ALSO HAS A STORE MANAGER AND ASSISTANT MANAGERS

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
Provide details: ALDI INC (KANSAS) OPERATE A NUMBER OF STORES IN MISSOURI INCLUDING
A STORE IN LEES SUMMIT

5. Has any such license listed in question #4 ever been suspended or revoked? NO If so, please give complete details: NA
-
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? NA
-
- Effective date of possession: _____. 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: NA
-

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: ALDI INC (KANSAS)
State in which incorporated: KANSAS Date of incorporation: 11/07/1978
If not a Missouri corporation/LLC, date authorized to do business in Missouri: 6/20/1984

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 ATTACHED LIST

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

XX I wish to have my home address, Date of Birth, and place of birth withheld from public disclosure (initials)

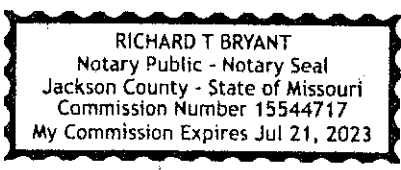
(County of Jackson)
ss
(State of Missouri)

I, BRENT RAVENSCRAFT, being of lawful age and dulysworn 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.

Brent Ravenscraft
Applicant's signature

Subscribed and sworn to before me this 9TH day of DECEMBER, 2019



[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; ATTACHED
- b) Copy of Missouri voter registration card; ATTACHED
- c) Copy of paid Missouri personal property tax receipt for year immediately preceding date of application ATTACHE
- 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. 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. SEE LEASE
- b) Recent photographs of the interior and exterior of the premises to be licensed. UNDER CONSTRUCTION

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.

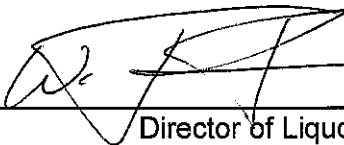
6) Package Liquor Only: Inventory Affidavit, notarized by the applicant, stating the type of business presently engaged in, or in conjunction with, which the license shall be used; **AND** stating that in his place of business the applicant has, and at all times keeps, a stock of goods having an invoice 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? PRIOR TO 3/1/20

For Office Use Only:

It is recommended this application be APPROVED / ~~DISAPPROVED~~ this 24th day of February, ~~2020~~ 2020



Director of Liquor Control

City Council Action: Approved Disapproved Date: _____

SHAREHOLDER - MEMBER - OFFICER INFORMATION

LAST NAME RAVENSRAFT		FIRST NAME BRENT		MIDDLE INITIAL E	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* MO/DIRECTOR OF ADMINISTRATION			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST NONE	
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER (913) 768-1119
LAST NAME BERSTED		FIRST NAME GEORGE		MIDDLE INITIAL MARK	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* VICE PRESIDENT OLATHE DIVISION			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST NONE	
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER (913) 768-1119
LAST NAME PFORTMILLER		FIRST NAME TERRY		MIDDLE INITIAL E	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* SECRETARY			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST NONE	
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER (630) 879-8100
LAST NAME YOUNGSTROM		FIRST NAME CHARLES		MIDDLE INITIAL E	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* PRESIDENT			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST NONE	
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER (630) 879-8100
LAST NAME ALDI INC		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH ILLINOIS CORPORATION
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION* SOLE SHAREHOLDER			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 100%	
ADDRESS 1200 N KIRK ROAD		CITY BATAVIA		STATE & ZIP CODE IL 60510		TELEPHONE NUMBER (630) 879-8100
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
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SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*			NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR



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 Partnership

Applicant's Name: BRENT RAVENSCRAFT

Business Name: ALDI #6 Phone: 913-768-1119 X 116

Business Address: 560 NW CHIPMAN Lee's Summit, MO

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

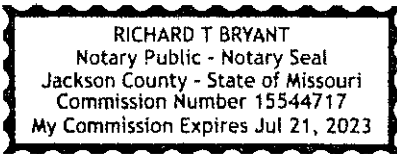
State of Missouri)

I, (please print) BRENT RAVENSCRAFT, 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.

Brent Ravenscraft
 Applicant's Signature

Subscribed and sworn to before me this 9TH day of DECEMBER 2019

My commission expires: _____



[Signature]
 Notary Public

It is recommended this application be APPROVED / ~~DISAPPROVED~~ this 24th day of February, 2020.

[Signature]
 Director of Liquor Control

City Council Action: Approved Disapproved Date: _____