

Please mark ("x")which one of the following licenses you will need for a Lee's

CITY OF LEE'S SUMMIT, MISSOURI

APPLICATION FOR BUSINESS LIQUOR LICENSE

Summit, Missouri establishment. Sunday licenses are a separate application.

entered to the second s	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)
	В3 -	Wholesale selling of 22% or less alcohol-content intoxicating liquor (\$150.00)
	B4 -	Wholesale selling of intoxicating liquor of all kinds (\$375.00)
helboring special property and the best special property and the b	C1 -	General retail selling of malt liquors, or wine, or both, by the drink and in the original package (\$52.50)
Constitution of Street, and St	C2 -	Hotel retail selling of malt liquor by the drink and in the original package (\$52.50)
The state of the s	C3 -	Restaurant retail selling of malt liquor by the drink and in the original package, including Sunday sales (\$75.00)
7	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 <u>and</u> in the original package (\$450.00)
	G3 -	Restaurant retail selling of intoxicating liquor of all kinds by the drink <u>and</u> in the original package (\$450.00)
<u>X</u>	H -	Retail selling of intoxicating liquor of all kinds only in the original package (\$150.00);
	-	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)
X	S -	Sunday license (\$300.00)

(Any reference to "Applicant" in this document refers to the Owner/Managing Officer.)

	Applicant in this document telefis to the Owner/Managing Officer.)						
To be	completed by applicant as (check one):						
	Sole Owner & Operator Corporation Partnership LLC						
Corpor	ration/LLC Name: MFA Petroleum Company						
Business Name: Break Time #316100 Phone:							
Busine	ess Address: 3021 NE Independence Ave Lee's Summit, MO 64064						
// // // h							
	e), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license:						
Type_DPL for the premises described above.							
	$oldsymbol{\dot{\alpha}}$						
	ant's Name: Amanda Goon						
	Address:						
Place o	Date of Diffi						
Place o	of Employment (other than business): MFA Oil company						
Employ	yment Address: Dne Ray Young Dr, Columbia MO 65201 Phone						
•							
1.	List all previous addresses, if less than five years at current address: 51nce 2006						
2.	Are you a citizen of the United States of America? <u>ues</u> 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? <u>yes</u> . If not, give complete details on the planned management and persons involved.						
and the state of the state of							
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? <u>YeS</u> If so, please give						
·	details: Managing officer holds over 75 acenses						

	Sale to munor
	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?
	and the state of t
·	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? If so, please give complete details:
	If not a corporation/LLC give names and business addresses of available for the seal of
	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.):
	Is the proposed location within 300 feet of a church or school?
).	If existing business, from whom and when was the business purchased?
	Effective date of possession: Name of mortgage holder, if any:
	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? <u>No</u> If so, please explain:
•	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
	equipment, money, credit or property of any kind except ordinary commercial credit for liquor

	•								
	13.	Will you at all time	es permit the entr	y of any office	er or investi	gator who may	have legal sup	ervisory	
		authority for the pu	ırpose-of-inspecti	on-or-search;	and will you	permit the ren	noval-of-all-thi	ngs and	
		articles which may	be in violation of	the ordinance	es of Lee's	Summit, Missou	ri, and the law	s of the	
	·	State of Missouri; a	nd do you promise	e and agree n	ot to violate	any of the ordina	ances 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? <u>yes</u>						
			1						
	IF BU	SINESS IS OWNED	BY A CORPORAT	TION, COMPL	ETE THIS S	ECTION:			
			1		<u> </u>		•		
	Name	of corporation/LLC:_	MFA Pet	roleum	Comp	lany	- 105/	· · · · · · · · · · · · · · · · · · ·	
	State i	n which incorporated	: Missouri		Date of inco	poration: 8 - 3	3-1956		
	If not a	a Missouri corporation	n/LLC, date autho	rized to do bus	iness in Mis	souri:			
	Full na	ame, complete resid	ential address, d	ate of birth a	nd Social Se	ecurity Number	of the Preside	nt, Vice	
-	^	ent, Treasurer and S	ecretary of the co	rporation (or M	lembers of th	ne LLC:			
(e)	Mai	K Fenner-			1	**************************************			
P	Kolor	ert L. Condr <u>or</u>	and the second of the second		e Sime r i de	regional and			
eL	Tar	ni Ensor -	•	% <u></u>					
			:		•			*	
	If stoc	k is not publicly held,	give names and r	esidential add	resses of all	stockholders wh	io hold 10% or	more of	
	the ca	pital stock:						•	
		:					<u> </u>		
			·					 -	
								•	
	Count	y of Jackson)		•	•				
	State	of Missouri)	SS		•				
		-	•						
		1 Amanda	a Goog		being of lav	vful age and duly	vsworn upon m	v oath	
•	do ou		Applicant's Name)	iren in this or					
	QO SVV	ear that the answers	and information g	iven in this ap	opilication are	rude and compr	ere to the pest	Of fily	
	knowle	edge and belief.			()ma	and Do	\wedge	•	
					CVI W	Applicant's S	Signature		
	Oh			in all	200	10000p		on H	
	Subsc	ribed and sworn to b	erore me this	day of	Service	WILLER		_ 2016	
					ιΩ:	MIND: h	melia		
	•		10			Nove mous Notary I	Public	·	
	Му со	mmission expires: $oldsymbol{1}$	<u>-28-14</u>		(P4 **	y Commission Expires			
•		· ·	·	193	SEAL S	January 28, 2019 Boone County			
	LSPD FC	RM #333 (Revised 10/12)	•	17	coewider, o	onmission #14000757	Page 5 of 7		

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. Copy of Business License (contact Treasury Department at 816-969-1139). Copy of Zoning Approval (contact Planning & Development at 816-969-1600). X 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: x 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). Will email Later (Elyane Lynch) (b) Complete description of the plans, specifications, and fixtures of the proposed place of business. 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. Appropriate license fee: Make checks and money orders payable to the City of Lee's Summit. 8) Estimated date of opening? 10-15-16 For Office Use Only: It is recommended this application be APPROVED / DISAPPROVED this _ Director of Liguor Control

City Council Action:

Approved

Disapproved

Date: _



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:	Amanda G	2000		
Business Name: Br	eak Time	#316100	Phone:	
Business Address: 3	Oal NE I	ndependence	Ave Lee's Summit, MO_	64064
		•		
I, the undersigned, her	eby make application	on to the City of Lee's So	ummit, Missouri, for	a Type "S" liquor licens
in accordance with Ch	apter 4, "Alcoholic	Beverages" Ordinance o	of the City of Lee's S	ummit, Missouri.
County of Jackson)				
State of Missouri)	SS			
I, (please print) my oath, do swear that my knowledge and bel	the answers and inf	Oma	_, being of lawful a upplication are true a pplicant's Signature	nge and duly sworn upon nd complete to the best o
Subscribed and sworn My commission expire		May of Septe	ember	_2016
NOTAF SEAL OF M	NICOLE RICHARDSO My Commission Expiri January 28, 2019 Boone County Commission #140007	" Wicill	Notary Public	<u>s</u> m_
It is recommended this	application be APP	ROVED / DISAPPROV	ED this 7 72	day of
September	,2_ <i>_</i>	Direc	tor of Liquor Contro	1
City Council Action:		Disapproved Date:_		