

CITY OF LEE'S SUMMIT, MISSOURI APPLICATION FOR BUSINESS LIQUOR LICENSE

Please mark ("x") which <u>one</u> 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)
	А3 -	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)
	C1 -	General retail selling of malt liquors, or wine, or both, by the drink <u>and</u> 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 <u>and</u> 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 <u>and</u> 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 origina package (\$450.00)
	Н-	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)
	S-	Sunday license (\$300.00)

To be completed by applicant as (check one): Sole Owner & Operator Corporation Partnership [Corporation/LLC Name: GASB, ILC Business Name: General Admission Sports Bar Phone: 816-623-5074 Business Address: 3512 5w Market St. Lee's Summit, MO 64082 (i), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license: Type 6 / for the premises described above. Applicant's Name: Eugene Vincent Insogna, JR. Phone: Home Address: Place of Employment (other than business): N/A (previous Sorans Sports Bore) Date of Birth Employment Address: Phone: List all previous addresses, if less than five years at current address: 2014- 2017 (mpach 24) 1. Are you a citizen of the United States of America? 155 If naturalized, give date and place of 2. naturalization: 3. Will you be the person in active control and/or management (managing officer) of this business fulltime? $\sqrt{\mathcal{ES}}$. 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? VES If so, please give details: 2005 - 2016 SONANO'S MEXICAN FOOD (SpORTS BAR) under ILC - VINO BROS.

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

5.	Has any such license listed in question #4 ever been suspended or revoked?If so, please give complete details:
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? If so, please give complete details:
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? If so, please give complete details:
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.):
9.	Is the proposed location within 300 feet of a church or school?
10.	If existing business, from whom and when was the business purchased? <u>Previously</u> <u>Somic Punce Flae</u> (<u>Dissolves</u> Jan 30, 2017) Effective date of possession: <u>3-27-17</u> . Name of mortgage holder, if any: <u>Tutero Group</u> <u>Summit Crest Plaza</u> , LLC
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? [If so, please explain:
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? N/A If so, please explain:

Will you at all times permit the entry of any officer or investigator who authority for the purpose of inspection or search; and will you permit articles which may be in violation of the ordinances of Lee's Summit, State of Missouri; and do you promise and agree not to violate any of the Missouri, the laws of the State of Missouri, or the United States in the which the license is sought?	Missouri, and the laws of the
State of Missouri; and do you promise and agree not to violate any of the	MIDOCALL TITLE
State of Missouri; and do you promise and agree not to violate any of the	MIDOCALL TITLE
State of Missouri; and do you promise and agree not to violate any of the	
hat a laws of the State of Missouri, or the United States III III	2 Oldsi imitano
which the license is sought?	e conduct of the business for
which the license is sought?	
BUSINESS IS OWNED BY A CORPORATION, COMPLETE THIS SECTION	्र ल
ame of corporation/LLC: GASB, LLC	11 8-12
ame of corporation/LLC: <u>GASB, LLC</u> ate in which incorporated: <u>Missouri</u> Date of incorporation	1: 4-8-17
ate in which incorporated: <u> /// 55/0/LY (</u>	
not a Missouri corporation/LLC, date authorized to	
Cartal Captrify	Number of the President, Vice
ull name, complete residential address, date of birth and Social Security	
resident Treasurer and Secretary of the corporation (or Weitbers of the	
Cont Lascana, VR.	
Eugine Vincent Straft	
f stock is not publicly held, give names and residential addresses of all stockh he capital stock:ハノA.	
ELYANE LYNCH Notary Public, Notary S	leai
State of Missouri Johnson County	
County of Jackson) County of Jackson Commission # 15635 My Commission Expires May 0	199 3 2019
SS SS	
State of Missouri)	
State of Intervent	
\cdot	ge and dulysworn upon my oath,
I want Trisogra, Tr., being of lawful a	ge and dulysworn upon my oath,
The Minist Theogra, Tr., being of lawful a	ge and dulysworn upon my oath, and complete to the best of my
The Minest Theogra, Tr., being of lawful a	ge and duly sworn upon my oath, and complete to the best of my
do swear that the answers and information given in this application are true	ge and duly sworn upon my oath, and complete to the best of my
I want Trisogra, Tr., being of lawful a	ge and duly sworn upon my oath, and complete to the best of my was a splicant's Signature
I, <u>Fugene Vincent Tnsoqua</u> , <u>Tn.</u> , being of lawful a (Print Applicant's Name) do swear that the answers and information given in this application are true	ge and duly sworn upon my oath, and complete to the best of my ways, Ja.
I, <u>Fugene Vincent Tnsoqua</u> , <u>Tn.</u> , being of lawful a do swear that the answers and information given in this application are true knowledge and belief.	ge and duly sworn upon my oath, and complete to the best of my magne, fr. applicant's Signature, 20
I, <u>Fugene / incent Inseque</u> , <u>Tr.</u> , being of lawful a (Print Applicant's Name) do swear that the answers and information given in this application are true	ge and duly sworn upon my oath, and complete to the best of my wayne, da. applicant's Signature , 2.0
I, <u>Fugene / neet Insogue</u> , <u>Tr.</u> , being of lawful a (Print Applicant's Name) do swear that the answers and information given in this application are true knowledge and belief. Liguil C	ge and duly sworn upon my oath, and complete to the best of my
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I, <u>Fugene / neet Tnsoqua</u> , Tn., being of lawful a do swear that the answers and information given in this application are true knowledge and belief. Subscribed and sworn to before me this <u>18</u> day of <u>Apail</u> Elyptical Tnsoqua, Tn., being of lawful a do sworn are true when the subscribed and sworn to before me this <u>18</u> day of <u>Apail</u>	ge and duly sworn upon my oath, and complete to the best of my
I, <u>Fugene / neet Inseque</u> , <u>Tr.</u> , being of lawful a do swear that the answers and information given in this application are true knowledge and belief.	ge and duly sworn upon my oath, and complete to the best of my many from the post of my my many many many many many many man

LSPD FORM #333 (Revised 10/12)

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:
 - a) Certificate of Occupancy Permit shall be obtained <u>prior</u> to the actual <u>issuance</u> 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 op	pening? June (N	1xy 20 - June 1 pos.	sible)
For Office Use Only:		Q 16	
It is recommended this ap	oplication be APPROVED / DIS	APPROVED this	_ day of
' /	<u> </u>	Director of Liquor Co	ntrol
City Council Action:	Approved Disapproved	Date:	N



APPLICATION FOR LIQUOR LICENSE

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

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

Sole Owner & Operator □ Cor	poration 🗆	Partnership
Applicant's Name: Eugene V. Insogn		
Business Name: General Admission	Sports Bar	Phone: <u>\$/6-623-50</u> 74
Business Address: 35/2 Sw Market S	5 7. Le	e's Summit, MO <u>64082</u>
I, the undersigned, hereby make application to th	e City of Lee's Sun	nmit, Missouri, for a Type "S" liquor licens
in accordance with Chapter 4, "Alcoholic Bevera	iges" Ordinance of t	the City of Lee's Summit, Missouri.
County of Jackson)		
State of Missouri)		
my oath, do swear that the answers and informat	<i>Insoqna, TP</i> , ion given in this ap	being of lawful age and duly sworn upo- plication are true and complete to the best of
my knowledge and belief.	Sugues /	Awyne, In.
Subscribed and sworn to before me this _28_ d	ay of Apric	2 <u>017</u>
My commission expires: 5-3-4 ELYANE LYNCH Notary Public, Notary Seal State of Missouri Johnson County Commission # 15635199 My Commission Expires May 03, 2019	EOyi	notary Public
It is recommended this application be APPROVI	DISAPPROVE	ED thisday of
	Directo	or of Liquor Control
City Council Action:		