



## CITY OF LEE'S SUMMIT

### LIQUOR LICENSE APPLICATION PROCESS

---

**General Information:** (Please keep this information for your records)

- ✓ ➤ Completed applications are to be returned to Administration at the Lee's Summit Police Department, 10 NE Tudor Rd., Lee's Summit, MO 64086. Please call Joshua Ward at 816-969-1747 (or e-mail [joshua.ward@cityofls.net](mailto:joshua.ward@cityofls.net)) with any questions regarding liquor license applications or the Lee's Summit Alcoholic Beverages Ordinance. **Please call to make an appointment for liquor license matters.**
- ✓ ➤ Any reference to "applicant" on the applications refers to the owner and/or managing officer. The person who completes and signs the application shall have it notarized. Notary service is available free of charge for liquor license applications at the Lee's Summit Police Department.
- ✓ ➤ Print legibly or type answers on liquor license applications. Use additional sheets, if necessary.
- ✓ ➤ For newly constructed or remodeled businesses, a certificate of occupancy permit shall be obtained *prior* to the actual issuance of a city liquor license. To obtain this permit, contact Codes Administration at 816-969-1200. For zoning approval, contact Planning and Development at 816-969-1600. For business licenses, contact the Treasury Department at 816-969-1139.
- ✓ ➤ Fingerprints may be obtained at the Lee's Summit Police Department. The applicant and managing officer, if different, as well as all officers, directors, and any shareholder holding more than a ten percent (10%) interest in the business shall be fingerprinted.
- ✓ ➤ The Lee's Summit City Council meets in Regular Session two times a month. You must submit your application to the Police Department two weeks prior to the Council meeting where the license will be presented for vote. All applications will be forwarded to the City Clerk for City Council approval.
- After City Council approval, all further business transactions will be conducted at City Hall, 200 SE Green Street, Lee's Summit, MO 64063. A Letter of Approval and Liquor License can be picked up at the City Hall Clerk's Office (816-969-1005) the day after City Council approval. Otherwise, they will be mailed to your business. Please contact the Missouri Department of Public Safety-Alcohol and Tobacco control (816-743-8888) at 8800 E. 63<sup>rd</sup> Street, Raytown, MO 64133 for information on obtaining your MO State Liquor license.
- **No alcohol sales will be allowed until a valid City Liquor License is issued.**



**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)
- 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)
- 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: MARTIN CITY BREWING COMPANY AT BLUE PARKWAY LLC

Business Name: MARTIN CITY Phone: 816-918-1550

Business Address: 354 SW BLUE PARKWAY 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 G3 & S for the premises described above.

Applicant's Name: MATTHEW M MOORE Phone: 816-918-1550

Home Address: 5123 SW SANDPIPER DRIVE, LEE'S SUMMIT, MO 64082

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

Place of Employment (other than business): MARTIN CITY BREWING COMPANY

Employment Address: 13440 HOLMES ROAD, KANSAS CITY, MO Phone: 816-918-1550

1. List all previous addresses, if less than five years at current address: \_\_\_\_\_  
5123 SW SANDPIPER DRIVE, LEE'S SUMMIT, MO 64082  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.  
NA  
\_\_\_\_\_  
\_\_\_\_\_

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: I HOLD SEVERAL MISSOURI LICENSES--MARTIN CITY BREWING COMPANY AND THE MARTIN ALL LOCATED NEAR 135TH AND HOLMES, KANSAS CITY, MO  
\_\_\_\_\_  
\_\_\_\_\_

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: 8/1/19. Name of mortgage holder, if any: NA
- 
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: MARTIN CITY BREWING COMPANY AT BLUE PARKWAY LLC

State in which incorporated: MISSOURI Date of incorporation: 03/27/2019

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):  
SEE ATTACHED SCHEDULE

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

(County of Jackson)

ss

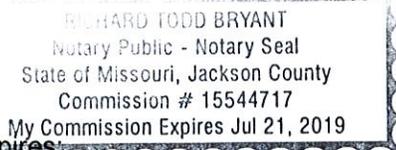
(State of Missouri)

I, MATTHEW M MOORE, 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.

*Matthew M Moore*

Applicant's Signature

Subscribed and sworn to before me this 26TH day of June, 2019



*[Signature]*  
Notary Public

My commission expires

**SHAREHOLDER - MEMBER - OFFICER INFORMATION**

LAST NAME MOORE		FIRST NAME MATTHEW		MIDDLE INITIAL M	DATE OF BIRTH	PLACE OF BIRTH KANSAS	
SOCIAL SECURITY NUMBER		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* MANAGER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 40%		
ADDRESS 5123 SW SANDPIPER DR		CITY LEE'S SUMMIT		STATE & ZIP CODE MO 64082		TELEPHONE NUMBER (816) 268-2222	
LAST NAME ADAMS		FIRST NAME CHANCIE		MIDDLE INITIAL C	DATE OF BIRTH	PLACE OF BIRTH WHITESBURG KY	
SOCIAL SECURITY NUMBER		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* MEMBER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 40%		
ADDRESS 2055 W 162ND STREET		CITY STILWELL		STATE & ZIP CODE KS 66085		TELEPHONE NUMBER (816) 268-2222	
LAST NAME CLARK		FIRST NAME DANIEL		MIDDLE INITIAL L	DATE OF BIRTH	PLACE OF BIRTH MISSOURI	
SOCIAL SECURITY NUMBER		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* MEMBER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 20%		
ADDRESS 100 EAST 118TH STREET		CITY KANSAS CITY		STATE & ZIP CODE MO 64114		TELEPHONE NUMBER (816) 804-4469	
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		
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		
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		
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		
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		
ADDRESS		CITY		STATE & ZIP CODE		TELEPHONE NUMBER	

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

**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 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.

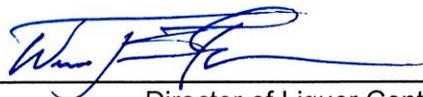
**7) Appropriate license fee:** Make checks and money orders payable to the City of Lee's Summit.

**8) Estimated date of opening?** AUGUST 1, 2019

---

**For Office Use Only:**

It is recommended this application be APPROVED / ~~DISAPPROVED~~ this 7<sup>th</sup> day of October, 2019.

  
\_\_\_\_\_  
Director of Liquor 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: MATTHEW M MOORE

Business Name: MARTIN CITY Phone: 816-918-1550

Business Address: 354 SW BLUE PARKWAY 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)

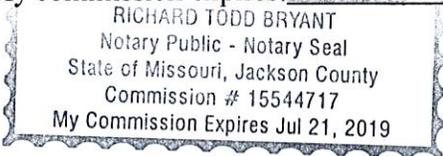
I, (please print) MATTHEW M MOORE, being of lawful age and duly sworn upon my oath, do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

*Matthew M Moore*

Applicant's Signature

Subscribed and sworn to before me this 26TH day of JUNE 2019

My commission expires: \_\_\_\_\_



*[Signature]*  
Notary Public

It is recommended this application be APPROVED / ~~DISAPPROVED~~ this 7<sup>th</sup> day of October, 2019.

*[Signature]*  
Director of Liquor Control

City Council Action:  Approved     Disapproved    Date: \_\_\_\_\_