



CITY OF LEE'S SUMMIT
LIQUOR LICENSE
CHANGE IN MANAGING OFFICER

Business Name: Spin Concepts Inc Phone: 816-246-7746

Business Address: 222 W Gregory Ste 340 Lee's Summit, MO
Kansas City MO 64114 1808D Chipman Rd
Lee's Summit, MO

Applicant's Name: Jeff Lee Phone: _____

Home Address: _____

Place of Birth: _____ Date of Birth: _____

Place of Employment (other than business): _____

Employment Address: _____ Phone: _____

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

2. Are you a citizen of the United States of America? yes 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? yes If not, give complete details on the planned management and persons involved. _____

4. Have you thereon ever been convicted of a felony? no If so, please give complete details: _____



LEE'S SUMMIT
MISSOURI

County of Jackson)

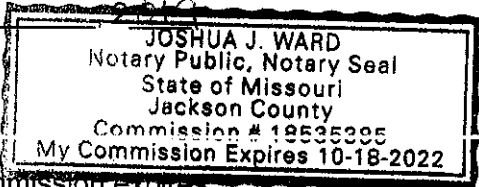
SS

State of Missouri)

I, Jeffery W Lee, 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 21st day of April



[Signature]
Notary Public

My commission expires 10-18-2022

For Office Use Only:

It is recommended this application be APPROVED / DISAPPROVED this 29th day of April, 2019.

[Signature]
Director of Liquor Control