To be completed by applicant as (check one): Sole Owner & Operator X Corporation Partnership LLC Corporation/LLC Name: Jazzy Enterprize Business Name: <u>Jazzy B'g Dinev</u> Phone: <u>4/6-272-0654</u> Lee's Summit, MO <u>6 Y086</u> Business Address: 1803 NE Colbern (I), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license: Type (5.3/5) for the premises described above. Applicant's Name: Brandon Scapson Phone: Home Address: Place of Birth: Date of Birth Place of Employment (other than business): Jazzy B's Food Truck Employment Address Phone: 1. List all previous addresses, if less than five years at current address: Are you a citizen of the United States of America? ______ 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? _______. 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? $\Lambda \nu$ If so, please give details:____

(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? _\D\rho_\text{p}_\text{lip}			
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? Ves If so, please give complete details: 1997 Aggult in Manual LS 5 yr. probation			
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?			
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. 1] [No. 2] [If so, please explain: [In 1]			
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?			

State of Missouri; and do you promise and agree not to violate any of the ordinances of Missouri, the laws of the State of Missouri, or the United States in the conduct of the	
which the license is sought? <u>/ 45</u>	
IF BUSINESS IS OWNED BY A CORPORATION, COMPLETE THIS SECTION:	
Name of corporation/LLC: Juzzy Enterprise	
Name of corporation/LLC: Juzzy Enterprise State in which incorporated: Wo Date of incorporation: 20/5	
If not a Missouri corporation/LLC, date authorized to do business in Missouri:	
Full name, complete residential address, date of birth and Social Security Number of the P	resident. Vice
President, Treasurer and Secretary of the corporation (or Members of the LLC:	
Brandon Stuppon	
	(1)
If stock is not publicly held, give names and residential addresses of all stockholders who hold 10	0% or more of
	070 of filore of
:he capital stock:	The color of the second
	<u> </u>
Countries Independ	
County of Jackson)	
State of Missouri)	
I, <u> Տեռաժող ՏՀաբեստ</u> , being of lawful age and dulysworn u	ipon my oath,
(Print Applicant's Name) do swear that the answers and information given in this application are true and complete to the	e best of my
	·
(nowledge and belief.	
Applicant's Signature	
Subscribed and sworn to before me this 8th day of November	2016
	, – , – , – ,
Eluan La	nch
Notary Public	
My commission expires: 3-19	
ELYANE LYNCH Notary Public, Notary Seal State of Missouri	
Johnson County Commission # 15635199	
My Commission Expires May 03, 2019	

To Be Provided By Applicant: 1) The Applicant and/or Managing Officer (if different) shall provide: 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 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). If existing business location: Copy of lease or mortgage showing Proof of Occupancy. Recent photographs of the interior and exterior of the premises to be licensed. 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. 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.

For Office Hoe Only		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
For Office Use Only:	-		241					
It is recommended this application be APPROVED / DISAPPROVED this day of								
November		2016.						
			War 1st					
			Director of Liquor Control					
City Council Action:	☐ Approved	☐ Disapprove	ed 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: Braulon Sing	Dson	
Business Name: Juzzy Enterprise	(Juzzy B's Dia	ver Phone: <u>4/6 - 272-069</u>
Business Address: 1803 NE Colb		Lee's Summit, MO 64086
I, the undersigned, hereby make applica	ation to the City of Lee	s's Summit, Missouri, for a Type
"S" liquor license in accordance with Cl	napter 4, "Alcoholic Be	verages" Ordinance of the City of
Lee's Summit, Missouri.		
County of Jackson)		
State of Missouri)		
I, (please print) <u>Brandon</u> sworn upon my oath, do swear that the a and complete to the best of my knowled	answers and information	, being of lawful age and duly a given in this application are true Applicant's Signature
Subscribed and sworn to before me this	g day of Nove	ember 2016
My continuescent excuses EtYANE LYNCH Notary Public, Notary Seal State of Missouri Johnson County Commission # 15635199 My Commission Expires May 03, 2019	_ε	Proce Synch Notary Public
It is recommended this application be A	PPROVED/DISAPPR	OVED this 9-2 day of
	D	irector of Liquor Control
City Council Action: Approved	I Disapproved Da	te:
LSPD FORM #446 (New, 08/91, Revised 03/00, 09/12)		