

LSPD FORM #446 (New, 08/91, Revised 03/00, 09/12)

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	n □ Partnership □	
Applicant's Name:_	Nutnisa	Hoffman		
Business Name:	Mali T	hai Bistro	Phone: 8	316-944-4110
Business Address:_	579SE ME	lody	Lee's Summit, MO	64063
I, the undersigned,	hereby make ar	plication to the City	of Lee's Summit, Missour	i, for a Type
"S" liquor license in	ı accordance wi	th Chapter 4, "Alcoh	olic Beverages" Ordinance o	of the City of
Lee's Summit, Miss	ouri.		·	
				·
County of Jackson)				
•	SS			
State of Missouri)				
I, (please pri sworn upon my oath and complete to the	n, do swear that	the answers and info	yau , being of lawful ormation given in this application. Applicant's Signature	age and duly ation are true
Subscribed and swo	rn to before me	this 12th day of _	april	2016
My commission exp	oires: <u>5-3-</u>	19		
ELYANE LYN Notary Public, No State of Miss Johnson Co Commission # 1 My Commission Expires It is recommended to Manch	souri unty 5635199 May 03, 2019	be APPROVED / DI , 2 076.	Elgano Lynch Notary Public SAPPROVED this Director of Liquor Con	day of
City Council Action	a: 🛘 Approved	☐ Disapproved	Date:	The state of the s

					•			
TNOMA	RECEIPT NOS.	REC'D. BY	9	PAYMENT FOR		CASE NO.	RECEIVED FROM	DATE
300=	138535	_2Z	7	1 Lic (Swale		>	mal: haks	4-12-16

THIS OFFICIAL RECEIPT
ISSUED BY
LEE'S SUMMIT POLICE DEPARTMENT
10 N.E. TUDOR ROAD
LEE'S SUMMIT, MO 64086
TELEPHONE 816-969-1715

128525