To be o	completed by applicant as (check one):	
	Sole Owner & Operator Corporation Partnership	LLC 🗆
Corpor	ration/LLC Name: JA-DEC, FNC dba JACK STACK	3BQ
Busine	ss Name: Phone ss Address: 1840 NW CHEPMM RI) Lee's S	Summit, MO <u>64081</u>
	e), the undersigned, hereby apply to the City of Lee's Summit, MO, for the	ne following described license:
	ant's Name: JAY SELANDERS Address:	Phone:
	of Birth:	Date of Birth:
Place o	of Employment (other than business): KUTAK ROCK UP	-
Employ	ment Address: <u>2300 MASN ST., SUFTE 800, KCMO 64108</u>	Phone: 86 - 502 - 4/
1.	List all previous addresses, if less than five years at current address:	
	Are you a citizen of the United States of America? YES If naturnaturalization:	ralized, give date and place of
	Will you be the person in active control and/or management (managing time? If not, give complete details on the planned manage	
I	Have you or any person employed by you ever held any type of liquor Lee's Summit or by the licensing authority of any state, county or city?details:	If so, please give
	Has any such license listed in question #4 ever been suspended or revo	

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?
	Effective date of possession: Name of mortgage holder, if any:
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? If so, please explain:
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

Missouri, the laws of the State of Missouri, or the United States in the conduct of the business which the license is sought?
IF BUSINESS IS OWNED BY A CORPORATION, COMPLETE THIS SECTION:
Name of corporation/LLC:
State in which incorporated:Date of incorporation:
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 President, Vi President, Treasurer and Secretary of the corporation (or Members of the LLC:
If stock is not publicly held, give names and residential addresses of all stockholders who hold 10% or more the capital stock:
County of Jackson) ss State of Missouri)
I, SAY SELANDENS, 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. Applicant's Signature
Subscribed and sworn to before me this 23rd day of
GLENNA J. OSBORN Notary Public - Notary Seal State of Missouri, Jackson County Commission # 14500086 My Commission Finites In 20

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.
75	Appropriate license fee: Make checks and money orders payable to the City of Lee's Summit.
8)	Estimated date of opening?
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<u>Fo</u>	r Office Use Only:
It is	s recommended this application be APPROVED DISAPPROVED this day of
	Vane , 2 01 t.
	Director of Liquor Control
*	
Cit	y Council Action: