<u>Tc</u>	o be completed by applicant as (check one):		
	Sole Owner & Operator Corporation Partnership	LLC	A
Co	orporation/LLC Name: La Cantera, LLC	_	
Вι	usiness Name: <u>La Fuente Mexican Restaurant</u> Pho	ne: 816 -62	3-9493
Bu	Icinoco Addinana, MMCC CIVII /I ca N. Acivo () II v a	's Summit, MO	~
by Ap	we), the undersigned, hereby apply to the City of Lee's Summit, MO, for the Liquer for the premises described above. The drink and Sunday plicant's Name: NIKK B (arrillo) ame Address:	-	
	ace of Birth:		
	ace of Employment (other than business):	Date of	of Birth:
, ∦Ém	ployment Address:	Phone	· ·
			·
2.	Are you a citizen of the United States of America? Ves If nat naturalization:	uralized, give da	ate and place of
3.	Will you be the person in active control and/or management (managing officer) of this business full-time? NO If not, give complete details on the planned management and persons involved. Twill be in active Control and overview operations. Armando Huerta will help me as Assistant Manager		
4.	Have you or any person employed by you ever held any type of liquol Lee's Summit or by the licensing authority of any state, county or city?details:	r license issued	by the City of so, please give
5.			
	Has any such license listed in question #4 ever been suspended or revigive complete details:	oked? N/A	_lf so, please

Have you ever made application for a liquor license that was denied by the City of Lee's Summit the licensing authority of any state, county or city? \bigcirc If so, please give complete details		
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:		
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.):		
Is the proposed location within 300 feet of a church or school?		
If existing business, from whom and when was the business purchased?		
Effective date of possession: Name of mortgage holder, if any:		
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?		
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		

	not to violate any of the ordinances of Lee's Summit, he United States in the conduct of the business for
which the license is sought?	
IF BUSINESS IS OWNED BY A CORPORATION, COMP	PLETE THIS SECTION:
Name of corporation/LLC: <u>La Cantera</u> , <u>LL</u>	
State in which incorporated: MISSOUY! If not a Missouri corporation/LLC, date authorized to do but	_Date of incorporation: <u>\0/31/2006</u> usiness in Missouri:
Full name, complete residential address, date of birth a President, Treasurer and Secretary of the corporation (or	· ·
If stock is not publicly held, give names and residential addition capital stock: <u>Edwardo Gareñol – 1</u>	dresses of all stockholders who hold 10% or more of 2017 Marile Ct, Kearriey, Mo
County of Jackson) ss State of Missouri)	
I, NIKKI B COWN DO (Print Applicant's Name) do swear that the answers and information given in this a	_, being of lawful age and dulysworn upon my oath,
knowledge and belief.	m Carrillo
Subscribed and sworn to before me this day of	Applicant's Signature , 2017
1/21/20/9	Vonda Sirls Notary Public
My commission expires: 1/21/2014	
VONDA SIRLS	
Notary Public - Notary Seal State of Missouri, Jackson County Commission # 15632796	

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To Be Provided By Applicant: The Applicant and/or Managing Officer (if different) shall provide: /a) /Recent photograph; (b) Copy of Missouri voter registration card: © 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). 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. Appropriate license fee: Make checks and money orders payable to the City of Lee's Summit. 8) Estimated date of opening? For Office Use Only: It is recommended this application be APPROVED / DISAPPROVED this _______ day of

City Council Action:

Approved

Disapproved

Date: