To be completed by applicant as (check one): Sole Owner & Operator Corporation	Partnership ☐ LLC ☐
	teal moranite in a second
Corporation/LLC Name: Hy-Vec, Inc.	Phone: \$ 16-554-2200
Business Name: Hy-VU WEST	Lee's Summit, MO 44081
Business Address: 310 SW Ward 20	Leas Summit, MO 22 1921
(I), (We), the undersigned, hereby apply to the City of Lee's S	Summit, MO, for the following described license:
Type 63 € 5 for the premises described above.	
a a second	
Applicant's Name: Douglas Mezger	Phone:
Home Address	
Place of Birth:	
Place of Employment (other than business): Hy-Vec. Inc	
Employment Address: S820 WeStown Pankway	Phone:
MOST DES Momes, IA SOSC	
1. List all previous addresses, if less than five years at cur	rent address:
<u>i</u>	-
	
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 manag	gement (managing officer) of this business full-
time? If not, give complete details on th	e planned management and persons involved.
Managing officer over all My-hee lig	vor licuses in Missouri.
Store Director of Spring Reld, MO Hy.	ver.

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? If so, please give
details: Hy-ber has several liquor li	icuses in multiple States
£3	
5. Has any such license listed in question #4 ever been	suspended or revoked?if so, please
give complete details: See affached 155+	of violanous

	the licensing authority of any state, county or city? No If so, please give complete details:
•	Have you or anyone interested either directly or indirectly in the premises to be licensed hereunder the operation thereon ever been convicted of a felony? NO If so, please give complete details
	the operation thereon ever been convicted of a leiony? moo, ploads give
	If not a corporation/LLC, give names and business addresses of employers for the past five years.
	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, of supplier, or coin operated, commercial, manual mechanical amusement devices or the employees, officers or agents thereof, have any finance
	interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and
	interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit, property of any kind except ordinary commercial credit for liquor sold?
	interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit, property of any kind except ordinary commercial credit for liquor sold? If so, pleatexplain:
•	interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit property of any kind except ordinary commercial credit for liquor sold? if so, please explain: Will applicant either directly or indirectly borrow or accept from any person identified in #11 eit equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold.
•	interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit, property of any kind except ordinary commercial credit for liquor sold?
•	interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit property of any kind except ordinary commercial credit for liquor sold? if so, please explain: Will applicant either directly or indirectly borrow or accept from any person identified in #11 eit equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold.

	issouri, or the United States in the conduct of the business for
which the license is sought? Ye	<u> </u>
F BUSINESS IS OWNED BY A CORPORAT	ION COMPLETE THIS SECTION:
BUSINESS IS OWNED BY A CONFORM	TOTAL COUNT ELECTRICATION
lame of corporation/LLC:	
tate in which incorporated:	Date of incorporation:
not a Missouri corporation/LLC, date author	ized to do business in Missouri:
ull name, complete residential address, da resident, Treasurer and Secretary of the cor	ate of birth and Social Security Number of the President, Vice
1	
$\mathcal{C}\mathcal{V}$	<u> </u>
OLD I	\$
stock is not publicly held, give names and r	residential addresses of all stockholders who hold 10% or more of
e capital stock:	
<u> </u>	
<u> </u>	
ounty of Jackson)	
SS	•
tate of Missouri)	est de la companya d
1, Douglas Mezger	, being of lawful age and dulysworn upon my oath,
o swear that the answers and Information g	given in this application are true and complete to the best of my
e	$\sim 10^{10} M_{\odot}$
nowledge and belief.	Applicant's Signature
	Applicant & Gignature
subscribed and sworn to before me this//	$\frac{1}{2}$ day of $\frac{May}{1}$ day of $\frac{20/8}{1}$
	I The Marie Lock
	Notary Public
ly commission expires: Feb 9,20.	
V.	
	KRISTINA MARIE LADNER Notary Public - Notary Seal STATE OF MISSOUR! Comm. Number 15633311

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: 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. 2 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: a) Copy of lease or mortgage showing Proof of Occupancy. b) 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 jssuance 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. 7) Appropriate license fee: Make checks and money orders payable to the City of Lee's Summit. 3500 8) Estimated date of opening?_ For Office Use Only: It is recommended this application be APPROVED / DISAPPROVED this Director of Liquor Control

Disapproved

☐ Approved

Date

City Council Action:

To be completed by applicant as (check one):
Sole Owner & Operator 🗌 Corporation 🔀 Partnership 🗌 LLC 🗌
Corporation/LLC Name: Hy- Vee Lac.
Business Name: Hy JUL Cas #\ Phone: \(\mathbb{E}\)\(\mathcal{L}\) - SSU - 03S8
Business Address: 920 E Langs ford 2d Lee's Summit, MO 6408Ce
(I), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license:
Type 11 8 5 for the premises described above.
Applicant's Name: Douglas Mezger Phone:
Home Address:
Place of Birth: _!
Place of Employment (other than business): Hy-Vel. Inc.
Employment Address: S820 WESTOWN Parkway Phone:
MOST DES MOMES, IA SOSCO
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
2. Are you a citizen of the United States of America? 16 America? 17 Indufatized, give date and place of naturalization:
Haturanzation.
3. Will you be the person in active control and/or management (managing officer) of this business full-
time? If not, give complete details on the planned management and persons involved.
Manager aller also all Miller Bour Beases in Missour.
Store Director of Spring Reld, MO Hy use.
4. Have you or any person employed by you ever held any type of liquor license issued by the City of
Lea's Summit or by the licensing authority of any state, county or city? If so, please give
details: My- her has several liquor licuses in multiple states
5. Has any such license listed in question #4 ever been suspended or revoked?If so, please
give complete details: See affached list of violations

	The state of the s	to the second se	in and a second second	annod horoup
Have you or anyone inte	rested either directly	or indirectly in the	premises to be lice	a samulata d
the operation thereon eve	er been convicted of	a telony?NO	it so, piease giv	a combiera n
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		700	<u> </u>	
and the state of t	Server and the server		f ampleyers for the	nast five vea
If not a corporation/LLC,		~		
self-employed, state natu	re of business and it	ocation:):		
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· · · · · · · · · · · · · · · · · · ·				
is the proposed location		huroh or echool?		
is the proposed location	WITHINGOUTEEL OF A C	ildicitor scrioori		
If existing business, from		o the business nur	chaead?	à .
it existing pusiness, from	Mylom sho when wa	a lite positiess pur	3100001	
Para a proposition of Para a para a	North North	of mortgage holder	if any:	
Effective date of possess	sion Name	ot thortBage tiologi	g 11 - Gal 1 7 1	
		•		·
Will any distiller, wholese	aler wine maker bre	wer. of supplier, or	coin operated, com	nmercial, man
mechanical amusement	devices or the em	plovees, officers of	or agents thereof,	have any fin
interest in the retail busi	ness of the applicant	for the sale of alc	cholic beverages, c	or "C.O.L.", ar
the applicant directly or in	ndirectly borrow or ac	cept from any suc	h persons equipmer	nt, money, cre
properly of any kind exc	cent ordinary comme	ercial credit for liqu	or sold?	lf so, p
explain:	₹ .			
		s +		
- Marine - 10 - 1				•
Will applicant either dire	ectly or indirectly bo	hrow or accept fro	m any person iden	tified in #11
equipment, money, cre	dit or property of A	any kind except	ordinary commercia	al credit for
sold?lf so,		Ţ.		·
		*		eh.

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 Missou	ragree not to violate any of the conduct of the business for
which the license is sought? YES	
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 President, Treasurer and Secretary of the corporation	tion (or Members of the LLC:
01/2	
If stock is not publicly held, give names and reside	ential addresses of all stockholders who hold 10% or more of
the capital stock:	
County of Jackson)	• 24.
State of Missouri)	
1, Douglas Mezget (Print Applicant's Name)	being of lawful age and dulysworn upon my oath,
do swear that the answers and information given	in this application are true and complete to the best of my
knowledge and belief.	Val
	Applicant's Signature
Subscribed and sworn to before me this	day of
	Kristne Marie Ledner
My commission expires: Fcb 9,2019	Notary Public
and the second s	KRISTINA MARIE LADNER Notary Public - Notary Seal STATE OF MISSOURI Comm. Number 15633311 Greene County My Commission Expires: Feb. 9, 2019

Page 5 of 7

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. 2/ Copy of Business License (contact Treasury Department at 816-989-1139). Copy of Zoning Approval (contact Planning & Development at 816-969-1600). 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. For newly constructed or remodeled businesses: a) Certificate of Occupancy Permit shall be obtained <u>prior</u> to the actual <u>issuance</u> 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. 7) Appropriate license fee: Make checks and money orders payable to the City of Lee's Summit. 35° 8) Estimated date of opening?_______ For Office Use Only: It is recommended this application be APPROVED / DISAPPROVED this // May 2018. Director of Liquor Control □ Disapproved □ Approved City Council Action:

To Be Provided By Applicant:

Sole Owner & Operator Corporation	Partnership ☐ LLC ☐
Corporation/LLC Name: Hy-Vec, Inc.	· · · · · · · · · · · · · · · · · · ·
Business Name: Hy VV East	Phone: 814-524-5740
Business Address: 301 NE Rice Rd	Lee's Summit, MO <u>G408</u>
Dualifess Address. 301 / 10 / 10 Po	
(I), (We), the undersigned, hereby apply to the City of Lee's Sur	mmit, MO, for the following described license:
Type $63 ? 5$ for the premises described above.	
No. 1 to 11 to 12	
Applicant's Name: Douglas Mezger	Phone:
Home Address:	
Place of Birth:	
Place of Employment (other than business): Hy-Vee, Inc. Employment Address: \$20 WeStown Pankway	Pat
Employment Address: SEE WESTOWN Parking	Phone:
West Des Moines, 14 sozeed	•
1. List all previous addresses, if less than five years at curre	nt address:
2. Are you a citizen of the United States of America? <u>Yes</u>	If naturalized, give date and place of
naturalization:	
Hatti anzanom	
3. Will you be the person in active control and/or manage	ment (managing officer) of this business full-
time? If not, give complete details on the	planned management and persons involved.
Managing officer over all Hy- Wee light	or licenses in Missouri.
Managing officer over all Hy-lee lique Store Director of Spring Reld, MO Hy u	લ
4. Have you or any person employed by you ever held an	y type of liquor license issued by the City of
Lee's Summit or by the licensing authority of any state, o	county or city? If so, please give
details: Hy- her has several liquor lic	uses in multiple states
5. Has any such license listed in question #4 ever been su	uspended or revoked?If so, please
give complete details: See attached List	of violations

	Make you are anyone interested either directly, or indirectly, in the promines to be licensed because
	Have you or anyone interested either directly or indirectly in the premises to be licensed hereund the operation thereon ever been convicted of a felony? NO If so, please give complete details and the operation thereon ever been convicted of a felony? NO If so, please give complete details and the operation thereon ever been convicted of a felony?
	If you are a second of the second sec
	If not a corporation/LLC, give names and business addresses of employers for the past five year self-employed, state nature of business and location.):
	sen-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:
	Effective date of possession
	Will any distiller, wholesaler, wine maker, brewer, or supplier, or coin operated, commercial, man
•	mechanical amusement devices or the employees, officers or agents thereof, have any fin
	interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", are
	the applicant directly or indirectly borrow or accept from any such persons equipment, money, cre property of any kind except ordinary commercial credit for liquor sold?
	explain:
	Will applicant either directly or indirectly borrow or accept from any person identified in #11
	equipment, money, credit or property of any kind except ordinary commercial credit for
	sold? If so, please explain:

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

· · · · · · · · · · · · · · · · · · ·	or the United States in the conduct of the business for
IF BUSINESS IS OWNED BY A CORPORATION, C	OMPLETE 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 b	oirth and Social Security Number of the President, Vice
President, Treasurer and Secretary of the corporation	n (or Members of the LLC:
C'V	
O. F	
If stock is not publicly held, give names and resident the capital stock:	ial addresses of all stockholders who hold 10% or more of
County of Jackson)	
State of Missouri)	
	, being of lawful age and dulysworn upon my oath,
do swear that the answers and information given in	this application are true and complete to the best of my
knowledge and belief.	ymw
Subscribed and sworn to before me this	Applicant's Signature day of, 2018
	Kristine Marie Jodne Notary Public
My commission expires: Feb 9, 2019	
KRISTINA MARIE LADNER Notary Public - Notary Seal STATE OF MISSOURI Comm. Number 15633311 Greene County My Commission Expires: Feb. 9, 2	

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: 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). Copy of Zoning Approval (contact Planning & Development at 816-969-1600). 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. 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. 7) Appropriate license fee: Make checks and money orders payable to the City of Lee's Summit. 3500 8) Estimated date of opening?_

For Office Use Only: It is recommended this application be APPROVED / DISAPPROVED this					
May , 2 0/8. Director of Liquor Control				172	
Director of Liquor Control	t is recommended th	iis application be	APPROVED / DISA	APPROVED this day or	
	Ma	~	2018		
				2.7	
City Council Action:	, ·	•		Director of Liquor Control	
City Council Action:				•	
	City Council Action:	☐ Approved	☐ Disapproved	Date:	

To be completed by applicant as (check one): Sole Owner & Operator ☐ Corporation ☒ Partnership ☐ LLC ☐
Corporation/LLC Name: Hy-VU, Inc. Business Name: Hy-VU Cas #2 Phone: 814-524-5154
Business Address: 1201 SW 3 rd St. Lee's Summit, MOG4081
(I), (We), the undersigned, hereby apply to the City of Lee's Summit, MO, for the following described license:
Type 14 9 S for the premises described above.
1996-11-3 In the promises described above.
Applicant's Name: Douglas Mezger Phone:
Home Address:
Place of Birth:
Place of Employment (other than business): HV-Ver, Inc.
Place of Employment (other than business): Hy-Ver. Inc. Employment Address: S820 WeStown Parkway Phone:
West Des Moines, W sozue
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? If not, give complete details on the planned management and persons involved.
Managing officer over all Hy-lee liquor licuses in Missouri.
store Director of Springfield Mo Hy- wee.
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? If so, please give
details: My-bee has several liquor licuses in multiple States
5. Has any such license listed in question #4 ever been suspended or revoked?If so, please
give complete details: See attached list of violations

	Have you or anyone interested either directly or indirectly in the premises to be licensed hereunder
	the operation thereon ever been convicted of a felony? NO If so, please give complete detail
	If not a corporation/LLC, give names and business addresses of employers for the past five years.
	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
•	mechanical amusement devices or the employees, officers or agents thereof, have any financ
	interest in the retail business of the applicant for the sale of alcoholic beverages, or "C.O.L.", and v
	the applicant directly or indirectly borrow or accept from any such persons equipment, money, credit,
	property of any kind except ordinary commercial credit for liquor sold? If so, plea
	explain:
	<u> </u>
-	Will applicant either directly or indirectly borrow or accept from any person identified in #11 eith
-	equipment, money, credit or property of any kind except ordinary commercial credit for liqu
	sold? If so, please explain:

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 Misso	uri, or the United States in the conduct of the business for
which the license is sought?	
F BUSINESS IS OWNED BY A CORPORATION, COMPLETE THIS SECTION:	
Name of corporation/LLC:	
State in which incorporated:	Date of incorporation:
f not a Missouri corporation/LLC, date authorized	to do business in Missouri:
	in the second
Full name, complete residential address, date o	of birth and Social Security Number of the President, Vice
President, Treasurer and Secretary of the corpora	ation (or Members of the LLC:
CV	
9	
f stock is not publicly held, give names and resid	lential addresses of all stockholders who hold 10% or more of
he capital stock:	
<u> </u>	
en e	
County of Jackson)	
State of Missouri)	
1, Douglas Mezger (Print Applicant's Mame)	, being of lawful age and dulysworn upon my oath,
do swear that the answers and information giver	in this application are true and complete to the best of my
knowledge and belief.	$\sqrt{M} \sim 1$
	Applicant/s Signature
111	3 Maria 1
Subscribed and sworn to before me this	day of
	T. Many forder
· · · · · · · · · · · · · · · · · · ·	Notary Public
My commission expires: Jeb 9, 2079	
	TANKE MADIE ADNED
i l	IISTINA MARIE LADNER otary Public - Notary Seal, STATE OF MISSOURI omm, Number 15633311
· · · · · · · · · · · · · · · · · · ·	Greene County ommission Expires: Feb. 9, 2019

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 (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 816-989-1139). Copy of Zoning Approval (contact Planning & Development at 816-969-1600). 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. For newly constructed or remodeled businesses: a) Certificate of Occupancy Permit shall be obtained <u>prior</u> to the actual <u>issuance</u> of a city liquor license (contact Codes Administration at 816-969-1200). by 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. 7) Appropriate license fee: Make checks and money orders payable to the City of Lee's Summit. 35° Estimated date of opening?_ For Office Use Only: It is recommended this application be APPROVED / DISAPPROVED this Director of Liquor Control

Disapproved

Approved

City Council Action: