

### **Read This!**

You have selected a business type that requires further processing. Following this page will be forms that need to be fully read and completed. Once you have fully completed all of the appropriate forms it is required that these be returned to the License Division for further processing for approval of your application. Partially completed forms will result in the total application being returned. . Do not leave any question blank write in N/A if necessary.

Once you have fully completed each form the packet needs to be submitted to continue processing your application for approval. These forms must be returned to the cashier's window located on the second floor of City Hall, 111 East Maple, Independence, MO or you may return them by mail. If you prefer to mail the packet you may do so by mailing it to: City of Independence, License Division, P O Box 1019, Independence, MO 64051.

The liquor forms will follow.

**CITY OF INDEPENDENCE, MISSOURI**

**LIQUOR LICENSE APPLICATION PROCEDURES**

Businesses wishing to sell liquor in the City of Independence must obtain City, Jackson County, and State of Missouri liquor licenses. The list on the back of this page identifies the types of licenses and the annual City license fee. A completed liquor license application submitted to the License Division will take approximately six to eight weeks to process. The License Division handles the administration of the City's Liquor Code and the Police Department provides enforcement of the Liquor Code.

An application for a liquor license can be downloaded or picked up in the lobby on the second floor of City Hall. An instruction sheet is provided that will help in completing the application. Once the forms have been fully completed, you will need to submit them to the Cashier at City Hall, 111 East Maple Street, Independence for continued processing and approval.

The application is reviewed by several City Departments. Criminal History Background information on the individuals operating the business is checked through the Police Department. The location of the business is reviewed for compliance with the Liquor Code and other applicable City Codes. The structure or submitted building plans where the business will be located is inspected by the Fire Department and the Community Development Department for compliance with City Codes.

After processing by the City staff, the application and an inspection report is forwarded to the City Council for consideration. Following approval, a City approval letter will be mailed to the applicant, which is needed to apply for the Missouri Liquor License.

The City Liquor and Business License will be mailed. The applicant must then apply for a Jackson County Liquor License. The County Liquor License is generally issued the same day of the application.

City Liquor Licenses expire on June 30th, and all licenses must be renewed annually. An annual renewal application must be received by the City before May 31st of each year to avoid penalty.

All businesses must have a City Business License. You will make application for the Business License during the application process for the Liquor License. An applicant may open their business for non-liquor related items before the issuance of the Liquor License by simply applying for a general business license with no liquor sales.

**CITY OF INDEPENDENCE, MISSOURI**  
**Finance Department - License Division**  
**111 East Maples, Independence, Missouri 64050**  
**816-325-7079 - Telephone**

***LIQUOR LICENSE APPLICATION PROCEDURES***

**AFFIDAVITS TO BE PREPARED BY SELLER**

1. **BILL OF SALE** - A signed and notarized copy must be furnished which reflects the full purchase price, as well as complete description of all goods, fixtures, furniture, equipment, food-liquor inventory, etc., received in the sales transaction. If a "Contract of Sale" is executed in conjunction with the "Bill of Sale", a signed and notarized copy of it must be furnished.
2. **INTENT TO SELL** - (form furnished) - Said form, signed by seller, notifies the Liquor License Office of a contemplated change of ownership of the liquor business and the **seller acknowledges the responsibility of remaining in control of the licensed premises until applicant's license is issued.**
3. **CREDITOR'S AFFIDAVIT** - (form furnished) - Seller's signed and notarized affidavit that seller has no outstanding liquor bills or has notified all wholesalers to whom money is due of seller's intention to sell the business.

**If this application is for a change of ownership, the above items must be provided.**

**AFFIDAVITS TO BE PREPARED BY APPLICANT**

1. **APPLICATION AFFIDAVIT** - (form furnished) - To be filed **in duplicate**. Answer all questions and all parts of all questions in full. **Original signature and notarization are required on each copy.**
2. **PERSONAL INFORMATION** - (form furnished) - To be filed **in duplicate** by owner, all partners, or in the case of a corporation, by the Managing Officer, principal corporate officers, all directors, and all corporate stockholders holding over 10% of the capital stock, or, in the case of a limited liability company, by the Managing Officer and all LLC members. **Original signature and notarization are required on each copy.**
3. **COPY OF LEASE AGREEMENT** - The lease agreement must be executed to the sole owner, all partners if business ownership is a partnership, to the LLC if ownership is an LLC, or to the corporation if the business ownership is a corporation. The lease agreement must reflect the lease term, monthly rental, options to renew, if any, and special conditions, etc. Any assignment of a lease must bear written approval of the lessor.

If the property is being purchased, or is owned by the applicant, a copy of the warranty deed or deed of trust, in the name of the sole owner, all partners if business ownership is a partnership, in the name of the LLC if business ownership is an LLC, or in the name of the corporation if business ownership is a corporation.

If an individual is purchasing the property, a lease agreement must be executed from the

individual to all partners of the partnership if the business ownership is a partnership, to the LLC if the business ownership is an LLC, or to the corporation if the business ownership is a corporation.

4. **MANAGING OFFICER** - (form furnished) - If business ownership is a corporation, a resolution of the corporation designating the Managing Officer must be provided. If business ownership is an LLC, a notarized affidavit from a managing member designating the Managing Officer must be provided. The Managing Officer Appointment form may be used in lieu of the corporate resolution or LLC affidavit. (Disregard if sole ownership or partnership.)

5. **ELECTION OF OFFICERS AND STOCK OR OWNERSHIP SHARES ISSUED** - If ownership is a corporation, minutes of a corporate meeting electing officers and giving a breakdown of stock shares held by all persons. If ownership is an LLC, a copy of the articles of organization giving a breakdown of members and ownership shares must be provided.

6. **PHOTOGRAPH** - A recent passport size photograph of the sole owner, all partners if business ownership is a partnership, or the Managing Officer if business ownership is a corporation or a LLC.

7. **PHOTOGRAPH** - A recent photograph of the exterior of the premises for which the license is sought must accompany the application.

8. **COUNTY PERSONAL PROPERTY TAX RECEIPT** - Each applicant must submit a copy of his/her County Personal Property Tax receipt for the year immediately preceding the date of application. If business ownership is a partnership, all partners must submit a copy of their County Personal Property Tax receipt. If business ownership is a corporation or a LLC, the Managing Officer only must submit a copy of his/her County Personal Property Tax receipt.

9. **VOTER REGISTRATION** - Each applicant must submit a "Certificate of Voter Registration". If business ownership is a partnership, each partner must submit a "Certificate of Voter Registration". If business ownership is a corporation or a LLC, the Managing Officer only must submit a "Certificate of Voter Registration".

10. **AFFIDAVIT** - (form furnished) - Package liquor license applications must be accompanied by an affidavit stating the value of stock other than liquor or fixtures.

11. **DIAGRAM OF PREMISES** - **Five sets** of drawings of the floor plan for the proposed business with specifications of the fixtures contained therein. **All drawings and plot plans shall be no larger than 8-1/2" by 14"**. (Disregard if existing business changing ownership.)

12. **CERTIFIED SURVEY** - (example provided) Five copies of a survey of the subject property must be provided from a registered engineer or land surveyor, which shows the dimensions and location of the proposed licensed structure. The distances from the proposed structure to the property lines, curb cuts and number of parking spaces available must also be shown. The survey shall also show all surrounding properties with property lines within 185 feet and 300 feet, measured separately. **The location of all and any residential or commercial structures must be indicated along with their use.** If the use is health or medical related the use must clearly indicate the type of service provided. The survey must also indicate any parks, playgrounds, libraries or museums.

If there is a hospital, school, church, or other building regularly used as a place of

religious worship within 100-300 feet of the proposed premises, no license shall be issued unless approval is granted by a two-thirds majority of the City Council. However, in the event a school, church or other building regularly used, as a place of worship is within 100 feet a license will not be issued or allowed. All other licenses shall be issued upon approval by majority of the City Council.

Zoning of all properties/lots within the 185 feet and 300 feet must also be shown on this survey. You may contact Anne Verhulst for this zoning information. Her office is located on the second floor of City Hall and phone number of (816) 325-7411. **Survey shall not be larger than 8-1/2" by 14"**. (Disregard if existing business changing ownership.)

13. **PROPERTY OWNER LIST** - A list of the names and mailing addresses of **all property owners** within the measured 185 feet **and** separately listed property owners within 300 feet of the proposed premises must be provided .

**All properties must be identified on the survey through an alpha system with letters coinciding with the property owner on the list.** **NOTE:** Item 13 may be obtained from the Jackson County Division of Assessment. There are also some title companies or survey companies who will obtain the lists for a fee. The list of property owners must be accompanied by the survey referred to in Item 12.

14. **CRIMINAL RECORD CHECK** - (form furnished) - The State of Missouri charges a fee of **\$5.00 per person** for a criminal record check, which is conducted by the Missouri Highway Patrol in Jefferson City. At the time of application, you must submit the State of Missouri Criminal record History **for each applicant, partner, LLC member or corporate officer completing an Affidavit or Personal Information form** for the liquor license. The Missouri Highway Patrol has notified the City that the processing time for a criminal record check is approximately four to six weeks if processed by mail.

To expedite the criminal record check, (form attached) the applicant may obtain them the same day by driving to the Missouri Highway Patrol office in Jefferson City, Missouri. The **original** criminal record check must be submitted to the License Division with the application. The address for the Missouri Highway Patrol office is 1510 East Elm Street, Jefferson City, Missouri, and their telephone number is 573-526-6153. It is recommended that you contact the Highway Patrol office regarding their requirements for issuance of a criminal record check.

15. **FEES** – All fees are due at the time of application and must be paid in full at the time of application. If making payment, other than by credit card, a bank draft, money order, certified check, or cashier's check payable to the City of Independence. A fee equal to fifty percent of the annual license fee **is not refundable** but shall be applied to the license fee in the event a license is issued.

16. **BUSINESS LICENSE** – (form furnished) Applicant must obtain a Business License.

Each applicant for a Liquor by the Drink (Restaurant/Bar) License or Sunday Sales License must provide written verification that they meet the following requirement upon the completion of the first ninety days of operation:

A statement shall be submitted ninety days after the date of issuance of a license that verifies that at least fifty percent of the gross income of the restaurant during

the preceding ninety day period came from the sale of prepared food or meals consumed on the premises, or the projection of annual sales of prepared food or meals consumed on the premises shall total not less than \$200,000. If such statement does not reflect the above, the license may, in the discretion of the Council, be allowed to remain in effect for a maximum of two months to allow the restaurant the opportunity to raise its gross income from the sale of prepared food or meals consumed on the premises to at least fifty percent, or \$200,000 annually. The verification must be provided by a certified public accountant, a public accountant, auditor, comptroller, or bookkeeper, given under oath and notarized.

The completed application will take approximately six to eight weeks to process. After review by the City staff, the application will be forwarded to the City Council for consideration. A City approval letter will be prepared for the applicant to submit with their application to the State of Missouri Division of Liquor Control.

The City of Independence Liquor and Business Licenses will be mailed.

**ALL APPLICATION FORMS MUST BE COMPLETE AT TIME OF SUBMISSION.**  
**PARTIAL APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED**  
**BY MAIL**

**OTHER LICENSES REQUIRED**

Missouri Liquor License - Applications may be picked up at the Missouri Division of Liquor Control, 615 East 13th Street, Kansas City, Missouri - Telephone: 816-889-2574.

Jackson County Liquor License - Division of Collections, Liquor/Amusement Section, Jackson County Courthouse, 308 West Kansas, Independence, Missouri 64050 - Telephone: 816-881-4403.

CITY OF INDEPENDENCE, MISSOURI  
Finance Department - License Division  
111 East Maple  
Independence, Missouri 64050  
816-325-7079

**INTENT TO SELL**

Date \_\_\_\_\_

I (we), \_\_\_\_\_,  
(Name of Owner, Partners, or Managing Officer)

DBA \_\_\_\_\_  
hereby notify the Liquor License Officer of Independence, Missouri, of my (our) intention to sell or change ownership  
in the aforementioned business under the provisions of Chapter 2 of the City Code of Independence, Missouri . I (we)  
also acknowledge that I (we) am (are) responsible for the licensed premises and will remain in active control and  
management until the sale is approved by the City of Independence, Missouri, and a new license is issued.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires:

CITY OF INDEPENDENCE, MISSOURI  
Finance Department - License Division  
111 East Maple  
Independence, Missouri 64050  
816-325-7079

**CREDITOR'S AFFIDAVIT**

Date \_\_\_\_\_

I (we), \_\_\_\_\_,

seller of the business known as \_\_\_\_\_  
do hereby affirm that I (we) have no outstanding liquor bills to any wholesaler, or I (we) have notified all wholesalers  
to whom I (we) owe money of my (our) intent to sell the business.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires:

CITY OF INDEPENDENCE, MISSOURI  
Finance Department - License Division  
111 East Maple, Independence, Missouri 64050  
816-325-7079

**AFFIDAVIT**

Application is hereby being made for a license to

Liquor by Drink

sell \_\_\_\_\_ manufacture \_\_\_\_\_ alcoholic  
beverages at:

**RETAIL** \_\_\_\_\_ **WHOLESALE** \_\_\_\_\_

\_\_\_\_\_ Non-Intox. Beer by Drink  
\_\_\_\_\_ Malt Liquor/Wine by Drink  
\_\_\_\_\_ Liquor by Package  
\_\_\_\_\_ Malt Liquor/Wine by Pkg.  
\_\_\_\_\_ Non-Intox. Beer by Pkg.  
\_\_\_\_\_ Sunday Sales  
Other (specify) \_\_\_\_\_

As Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

Business Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

1. What type of business is the license for? \_\_\_\_\_
2. Give dimensions of the building and include any other areas in which alcoholic beverages may be stored \_\_\_\_\_  
\_\_\_\_\_
3. Is the proposed location within three hundred feet (300') of any church, school, or hospital building? \_\_\_\_\_
4. From whom was the business purchased? \_\_\_\_\_
5. Date of purchase \_\_\_\_\_ Purchase price \_\_\_\_\_
6. Amount of down payment \_\_\_\_\_ Balance due \_\_\_\_\_
7. Balance due upon approval or chattel \_\_\_\_\_
8. Effective date of possession \_\_\_\_\_
9. Name and address of mortgage holder \_\_\_\_\_  
Terms of repayment \_\_\_\_\_
10. Did you assume any debts not listed above in connection with the operation of said business? \_\_\_\_\_  
If so, give full details \_\_\_\_\_  
\_\_\_\_\_
11. Do you rent or lease the premises for which this business is to be used? \_\_\_\_\_ If so, give terms  
of rent or lease, and name and address of owner of property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What interest, if any, does your landlord have, directly or indirectly, in the business in which you intend to engage if the license is granted? \_\_\_\_\_
13. Does your landlord now hold, or has he or she every held, a license of any kind issued by the Supervisor of Liquor Control of this State or any other State? \_\_\_\_\_ If so, give details \_\_\_\_\_
14. Does the former owner of the business have any interest, either directly or indirectly, in the business for which you seek a license? \_\_\_\_\_ If so, give details \_\_\_\_\_
15. State names and addresses or any person, firm, LLC, or corporation that has advanced, or will advance, any money to you to purchase or operate the business for which you seek a license \_\_\_\_\_
16. If a RETAILER, does any distiller, wholesaler, winemaker, brewer, or supplier of coin or token-operated commercial, manual, electric, or mechanical amusement device or any employee, officer, or agent thereof have any financial interest in the business or will you either, directly or indirectly, borrow or accept from any such person or persons equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold? \_\_\_\_\_ If so, state details \_\_\_\_\_
17. If a WHOLESALER, does any retailer or supplier of equipment or coin or token-operated commercial, manual, electric, or mechanical amusement device, or any employee, officer or agent thereof have any financial interest in the business, or will you either 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, state details \_\_\_\_\_
18. Is there now employed, or do you expect to employ, in the business sought to be licensed hereunder, any person who has been convicted of, found guilty of, or pleaded guilty, no contest, or no lo contendere to any offense involving a controlled substance, a weapon, illegal gambling, or the illegal sale, possession or use of alcohol, including alcohol-related traffic offenses? \_\_\_\_\_ If so, state details \_\_\_\_\_
19. Will you at all times permit the entry of any officer or investigator with legal 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 Independence, Missouri, and the laws of the State of Missouri; and do you consent to the introduction of such articles as evidence in any proceedings for the violation of any provision of the revised liquor control ordinances of Independence, Missouri; and/or for the suspension or revocation of the license for which this application is made; and do you

promise and agree not to violate any of the ordinances of Independence, Missouri, the laws of the State of Missouri or the United States in the conduct of the business for which license is sought? \_\_\_\_\_

**IF BUSINESS IS OWNED BY INDIVIDUAL, COMPLETE THE FOLLOWING:**

20. Name, home address, and telephone number of owner:

\_\_\_\_\_  
\_\_\_\_\_

**IF BUSINESS IS OWNED BY PARTNERSHIP, COMPLETE THE FOLLOWING:**

21. Name, home addresses, and telephone numbers of all partners, and percentage of ownership of business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF BUSINESS IS OWNED BY CORPORATION OR LIMITED LIABILITY COMPANY, COMPLETE THE FOLLOWING:**

22. Name, address, and telephone number of corporation or LLC: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

23. State in which incorporated or organized \_\_\_\_\_ Date of incorporation or organization \_\_\_\_\_

24. Amount of paid-in capital \_\_\_\_\_ Authorized capital \_\_\_\_\_

25. Names and addresses of president, vice-president, treasurer and secretary of corporation. If LLC, names and addresses of main members \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Name and address of Managing Officer \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

27. If corporation, names and addresses of all stockholders who hold 10% or more of the capital stock \_\_\_\_\_

\_\_\_\_\_

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28. Is the corporation, any stockholder, or managing officer thereof, any member of his or her household or immediate family, the LLC, any member, or managing officer thereof, any member of his or her household or immediate family, interested, directly or indirectly, in any other license issued by the Supervisor of Liquor Control of this State or any other State which is now in force?\_\_\_\_\_ If so, give details\_\_\_\_\_

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29. Has the corporation, any stockholder, or managing officer thereof, any member of his or her family, the LLC, any member, manager, or managing officer thereof, any member of his or her family, at any time in the past, held a license from the Supervisor of Liquor Control of this State or any other State?\_\_\_\_\_ If so, give name of such licensee  
and location of premises\_\_\_\_\_

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30. Has any stockholder of the corporation, member or manager of the LLC, or the managing officer ever been employed by any person, partnership, LLC, or corporation that had a license revoked or suspended by the Supervisor of Liquor Control?\_\_\_\_\_ If so, give details\_\_\_\_\_

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31. State the name and residence of each person, firm, LLC, or corporation, if any, other than the corporation and its stockholders, or the LLC and its members, interested, or to become interested, directly or indirectly, other than here in above set out, in the business for which a license is sought and the nature of such interest\_\_\_\_\_

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32. Is this application being made by the corporation or the LLC to permit any person other than yourself to obtain a license from the Missouri Supervisor of Liquor Control, in your name, for his or her benefit?

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I, or we, (please print (owner, all partners, or Managing Officer)\_\_\_\_\_

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being of lawful age and duly sworn upon my/our oath do swear that the answers and information given in this application are true and complete to the best of my/our knowledge and belief.

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Applicant's Signature

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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Notary Public

My Commission expires: \_\_\_\_\_

PERSONAL INFORMATION

To be completed by individual owner, members of partnership, Managing Officer, officers, directors and stockholders holding over 10% of the stock of the corporation.

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

1. Name \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Home Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_
4. Social Security No. \_\_\_\_\_ Driver=s License No. \_\_\_\_\_
5. Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
6. Are you a citizen of the United States of America? \_\_\_\_\_
7. Wife or husband=s name and address \_\_\_\_\_
8. Have you ever been convicted of, found guilty of, or pleaded guilty, no contest, or no lo contendere to any offense involving a controlled substance, a weapon, illegal gambling, or the illegal sale, possession or use of alcohol, including alcohol-related traffic offenses? \_\_\_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_
9. Give names and business addresses of employers for the last five years. If you were self-employed, state nature of business and location \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you ever been the holder of a license to manufacture or sell alcoholic beverages, which was revoked? \_\_\_\_\_ If so, give complete details \_\_\_\_\_  
\_\_\_\_\_
11. Are you, or any member of your household or immediate family, interested, directly or indirectly, in any other license issued by the Supervisor of Liquor Control of this State or any other State which is now in force? \_\_\_\_\_ If so, give details \_\_\_\_\_  
\_\_\_\_\_
12. Have you, or any member of your household or immediate family, ever made application for any type of liquor license in the State of Missouri which was denied? \_\_\_\_\_ If so, give the name of applicant, the approximate date of denial, and details regarding same \_\_\_\_\_  
\_\_\_\_\_
13. Have you ever been bankrupt or insolvent? \_\_\_\_\_

14. Will you at all times permit the entry of any officer or investigator with 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 City Code of Independence, Missouri, and the laws of the State of Missouri; and do you consent to the introduction in evidence of such articles in any proceedings for the violation of any provision of the liquor control regulations of Independence, Missouri, and/or for the suspension or revocation of the permit for which this application is made; and do you promise and agree not to violate any of the ordinances of Independence, Missouri, the laws of the State of Missouri, or the United States in the conduct of the business for which this permit is sought?

I, (please print) \_\_\_\_\_ being of lawful age and duly sworn 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.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

CITY OF INDEPENDENCE, MISSOURI  
Finance Department - License Division  
111 East Maple  
Independence, Missouri 64050  
816-325-7079

**MANAGING OFFICER APPOINTMENT**

Date \_\_\_\_\_

\_\_\_\_\_ has appointed  
( Name of Corporation or LLC)

\_\_\_\_\_ as Managing Officer for the  
(Name of Managing Officer)

Corporation or LLC. \_\_\_\_\_ is an officer or an employee  
(Name of Managing Officer)

invested with the general control and superintendence of the business and corporation or LLC.

The business operates under the name of \_\_\_\_\_

and is located at \_\_\_\_\_

\_\_\_\_\_  
Signature of Corporate Officer or LLC Member

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires:

**PLEASE NOTE:** In the event the office of the Managing Officer becomes vacant, it is required that the corporation or LLC secure a new Managing Officer within ten days after said vacancy occurs, and that the City of Independence License Division be notified.

CITY OF INDEPENDENCE  
Finance Department - License Division  
111 East Maple  
Independence, Missouri 64050  
Telephone 816-325-7079

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

**AFFIDAVIT**

I \_\_\_\_\_, under oath, do hereby state that

I am engaged in \_\_\_\_\_  
(Type of business, other than liquor)

and that I intend to operate a package liquor business at said address of said store, selling and offering for retail to the public package liquor under the application herein made to the City of Independence, Missouri, and that I will, at all times, keep in said location at said store a stock of goods having a value according to my original invoices of at least one thousand dollars (\$1,000.00), exclusive of the inventory value of the fixtures and of the intoxicating liquor, which I shall offer for sale on said premises.

\_\_\_\_\_  
Applicant

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires:

**STATE OF MISSOURI**  
**MISSOURI STATE HIGHWAY PATROL**  
1510 East Elm Street  
Jefferson City, MO  
(573) 526-6153

REQUEST FOR CRIMINAL RECORD CHECK

Reference No. \_\_\_\_\_  
(office use only)

*Please print or type*

Name (last, first, middle) \_\_\_\_\_  
(maiden/alias) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex:    . male  female                       Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

*I authorize the release of any criminal history record information to the requestor.*

Signature (optional) \_\_\_\_\_

*It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.*

**PURPOSE**

Licensing                       Other (specify) \_\_\_\_\_

**SEND REPLY TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT**

(per sections 43.527 and -530, RSMo.)

Search based on NAME, DATE OF BIRTH, SOCIAL SECURITY NO.: \$5.00 per individual

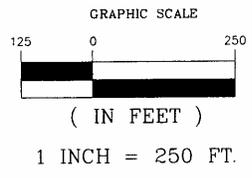
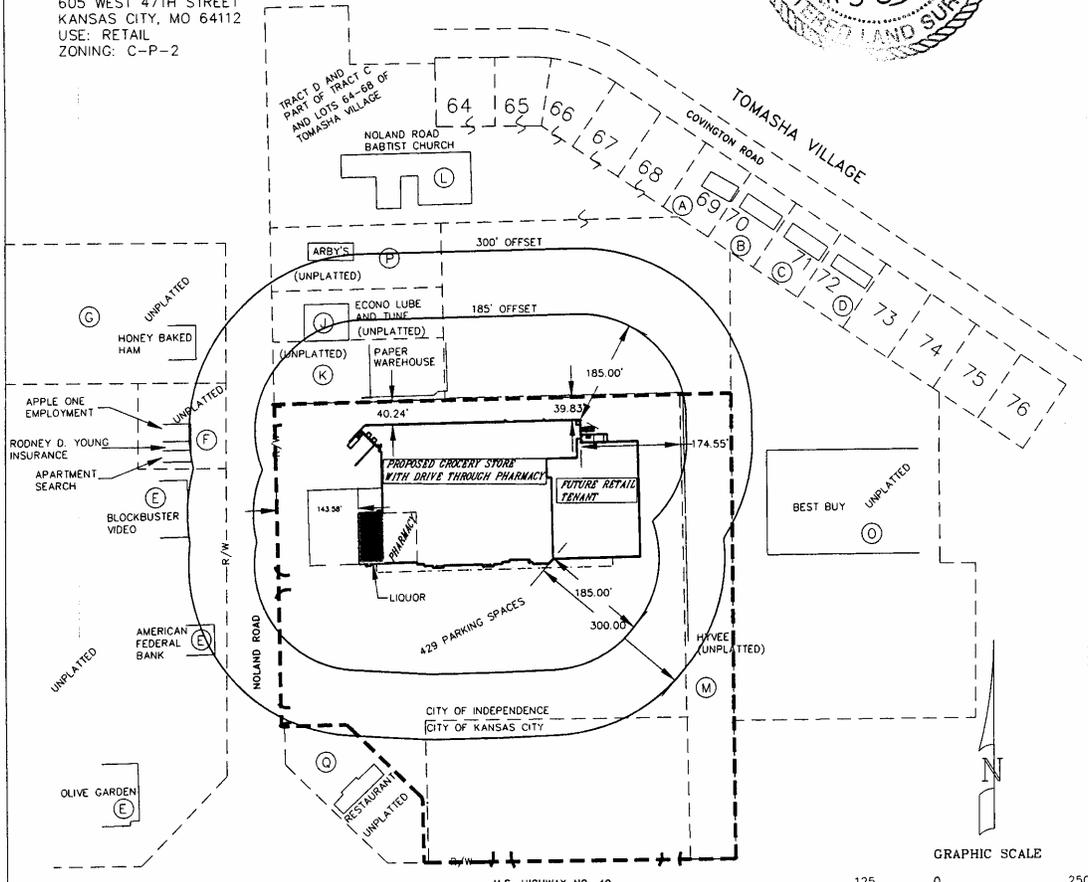
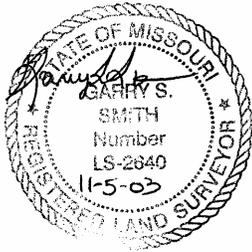
Search based on FINGERPRINTS and NAME: \$14.00 per individual

Fee is payable either by check, warrant, or money order to AState of Missouri, Criminal Record System.@ Please forward the request and fee to:

**Missouri State Highway Patrol**  
**Criminal Records and Identification Division**  
**Post Office Box 9500**  
**Jefferson City, MO 65102**

# PROPERTY OWNERSHIPS

- |  |  |   |
|--|--|---|
| <p>(A) HAL R. AND MARY FERN JOHNSON<br/>14209 COVINGTON ROAD<br/>INDEPENDENCE, MO 64055<br/>USE: RESIDENCE<br/>ZONING: R1b</p>   | <p>(G) NOLAND S. DEVELOPMENT COMPANY<br/>911 MAIN COMMERCE TWR STREET 720<br/>KANSAS CITY, MO 64105-2009<br/>USE: RETAIL<br/>ZONING: C-P-2</p> | <p>(O) LEONARD S. BERMAN<br/>P.O. BOX 9312<br/>MINNEAPOLIS, MN 55440<br/>USE: RETAIL<br/>ZONING: C-2</p>              |
| <p>(B) GEORGE I. AND JODY A. VANWEY<br/>14213 COVINGTON ROAD<br/>INDEPENDENCE, MO 64055<br/>USE: RESIDENCE<br/>ZONING: R1b</p>   | <p>(J) REALTY INCOME CORPORATION<br/>220 WEST CREST<br/>ESCONDIDO, CA 92025-1725<br/>USE: AUTO SHOP<br/>ZONING: C-2</p>                        | <p>(P) US BEEF ESTATE LLC<br/>P.O. BOX 22845<br/>OKLAHOMA CITY, OK 73123-1845<br/>USE: RESTAURANT<br/>ZONING: C-2</p> |
| <p>(C) PAUL W. AND W.F. SCHNAKENBERG<br/>14301 COVINGTON ROAD<br/>INDEPENDENCE, MO 64055<br/>USE: RESIDENCE<br/>ZONING: R1b</p>  | <p>(K) RANDOL MILL-ARLINGTON-TEX PARTNERSHIP<br/>605 W. 47TH ST. SUITE 100<br/>KANSAS CITY, MO 64112<br/>USE: RETAIL<br/>ZONING: C-2</p>       | <p>(Q) WB&amp;K<br/>605 WEST 47TH STREET<br/>KANSAS CITY, MO 64112<br/>USE: RESTAURANT<br/>ZONING: C-2</p>            |
| <p>(D) CASEY L. AND ROBERT C. CORDELL<br/>14305 COVINGTON ROAD<br/>INDEPENDENCE, MO 64055<br/>USE: RESIDENCE<br/>ZONING: R1b</p> | <p>(L) NOLAND ROAD BAPTIST CHURCH<br/>4505 SOUTH NOLAND ROAD<br/>INDEPENDENCE, MO 64055<br/>USE: CHURCH<br/>ZONING: C-2, R-2, R1b</p>          |   |
| <p>(E) NOLAND FASHION SQUARE PARTNERS<br/>605 WEST 47TH STREET<br/>KANSAS CITY, MO 64112<br/>USE: RETAIL<br/>ZONING: C-P-2</p>   | <p>(M) HY-VEE INC.<br/>5820 WESTOWN PARKWAY<br/>DES MOINES, IA 50266<br/>USE: VACANT<br/>ZONING: C-2</p>                                       |   |
| <p>(F) GLO-RAE INVESTMENT COMPANY<br/>605 WEST 47TH STREET<br/>KANSAS CITY, MO 64112<br/>USE: RETAIL<br/>ZONING: C-P-2</p>       |  |   |





**STATE OF MISSOURI**  
**MISSOURI STATE HIGHWAY PATROL**  
1510 East Elm Street  
Jefferson City, MO  
(573) 526-6153

REQUEST FOR CRIMINAL RECORD CHECK

Reference No. \_\_\_\_\_  
(office use only)

*Please print or type*

Name (last, first, middle) \_\_\_\_\_

(maiden/alias) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: . male  female  Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

*I authorize the release of any criminal history record information to the requestor.*

Signature (optional) \_\_\_\_\_

*It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.*

**PURPOSE**

Licensing \_\_\_\_\_ Other (specify) \_\_\_\_\_

**SEND REPLY TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT**

(per sections 43.527 and -530, RSMo.)

Search based on NAME, DATE OF BIRTH, SOCIAL SECURITY NO.: \$5.00 per individual  
Search based on FINGERPRINTS and NAME: \$14.00 per individual

Fee is payable either by check, warrant, or money order to AState of Missouri, Criminal Record System.@ Please forward the request and fee to:

**Missouri State Highway Patrol**  
**Criminal Records and Identification Division**  
**Post Office Box 9500**  
**Jefferson City, MO 65102**