

# RICHARD T. BRYANT & ASSOCIATES, P.C.

A T T O R N E Y S   A T   L A W

HARZFELD'S BUILDING  
1111 MAIN STREET, SUITE 750  
KANSAS CITY, MISSOURI 64105

PHONE (816) 221-9000  
FACSIMILIE (816) 221-9010  
E-MAIL: DICK2479@aol.com

June 12, 2021

Regulated Industries Division  
City of Independence  
111 East Maple Avenue  
Independence, MO 64050

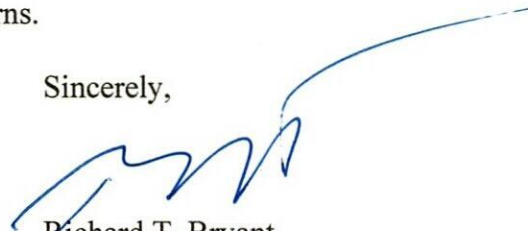
Re: Light Liquor LLC

Dear Jordan:

I write you today at the request of my clients who wish to operate a business at 1701 South Noland Road. This is the purchase of an existing business. After you review the application packet, please let me know a timetable for approval so I can coordinate the timing with the state. The current operator and my client have agreed to the sale of inventory for \$50,000 as a fixed price and the landowner has presented a draft lease which I reviewed today and proposed a minor change to reflect commencement of the lease as of approval of licensing by city and state. I have gone online and obtained the business license; the zoning request has been submitted; and, online, I apparently paid an advance fee of some sort to apply to the liquor license.

Let me know if you have any questions or concerns.

Sincerely,



Richard T. Bryant  
For the Firm

Enclosures

ANDREW S. TALGE  
Licensed in Kansas, Missouri  
andrewtalge@gmail.com

RICHARD T. BRYANT  
Licensed in Iowa, Kansas,  
Missouri, Washington, D.C.,  
Superior Court of the U.S. Virgin Islands  
DICK2479@aol.com



Liquor License Application Form

Regulated Industries Division
111 E. Maple Avenue
Independence, MO 64050
(816) 325-7079
blicenses@indepmo.org

Application Type: [ ] Package [ ] Drink [ ] Manufacturing [ ] Wholesale [ ] Special [X] Ownership Change

Business Information

This Business is a: [ ] Sole Proprietor [ ] Partnership [ ] LP [X] LLC [ ] Corporation
LIGHT LIQUOR LLC CONVENIENCE STORE WITH LIQUOR AND TOBACCO

Legal Name of Entity: SMOKE 4 LESS & CONVENIENCE STORE
Type of Business

Doing Business as (d/b/a) (if different than above)
1701 SOUTH NOLAND ROAD, INDEPENDENCE MO 64055

Physical Address: 1111 MAIN STREET, SUITE 750, KANSAS CITY, MO 64105
City: KANSAS CITY State: MO Zip: 64105

Mailing Address (if different from above)
816-886-1424 863-221-4042 LIGHTLIQUORLLC@GMAIL.COM

Phone: MISSOURI 1/1/2021 Cell Phone: 26502739 Email:

State & Date of Incorporation or Organization: 8/1/2021 OR UPON APPROVAL FROM CITY AND STATE
Missouri Retail Sales Tax Number:

Date business scheduled to open

Give dimensions or square footage of the building, outdoor patio, and any other areas in which alcoholic beverages may be stored or dispensed: 2475 SQ FEET

Is the proposed location within 300 feet of a church, school, or hospital? NO

Proposed hours of operation: 7AM TO MIDNIGHT

If existing business, from whom was the business purchased? SAS USA LLC

Date of purchase: 6/12/2021 Date of Possession: UPON APPROVAL OF LICENSING CHANGES

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, explain:

NONE

I hereby apply to the City of Independence, MO, for the following license(s) for the business and premises described above (mark all license types for which you are applying on page 2). I also certify that the information given in this application is true to the best of my knowledge and that the license is non-transferable. I also agree that this business will observe the restrictions specifically enumerated in Chapter 2 of the Independence City Code related to alcoholic beverages.

Signature of Applicant: [Signature] Title: MANAGING OFFICER
Printed Name: RICHARD T BRYANT Date: 6/12/2021

**Liquor License Types (mark all license types for which you are applying)**

*All liquor licenses are effective for one (1) year, beginning July 1 and ending June 30. Any liquor license application made between January 1 and March 31 will be charged a prorated fee equal to one-half of the annual license fee (listed below). Those licenses will expire June 30 of that year. Applications made between April 1 and June 30 will be charged the full license fee (listed below), however those licenses will expire June 30 the following year.*

**Package Liquor Licenses**

- P1 – Retail Selling of Intoxicating Liquor of all kinds in the original package (\$150.00)
- P3 – Retail Selling of Beer only in the original package; includes Sunday Sales (\$150.00)
- S – Sunday Sales (\$300.00)
- T – Tasting Permit (\$25.00)

**Drink Licenses**

- T1 – Retail Selling of Intoxicating Liquor by the Drink (\$450.00)
- T2 – Retail Selling of Malt Liquor & Wine by the Drink (\$150.00)
- T3 – Retail Selling of Beer by the Drink; includes Sunday Sales (\$150.00)
- R1 – Restaurant Selling Intoxicating Liquor (\$450.00)
- R2 – Restaurant Selling Beer; includes Sunday Sales (\$150.00)
- F1 – Tax Exempt Organizations Selling Intoxicating Liquor (\$300.00)
- H1 – Hotel Selling Intoxicating Liquor (\$450.00)
- Z1 – Consumption of Intoxicating Liquor (\$150.00)
- S – Sunday Sales (\$300.00)

**Manufacturing, Distilling, Blending Licenses**

- M1 – Manufacturing, Distilling, Blending Intoxicating Liquor of all kinds (\$300.00)
- M2 – Manufacturing twenty-two (22) percent or less alcohol- content intoxicating liquor (\$300.00)
- M3 – Manufacturing, Brewing Malt Liquor (\$300.00)

**Wholesale Licenses**

- W1 – Wholesale selling of Intoxicating Liquor of all kinds (\$300.00)
- W2 – Wholesale selling of twenty-two (22) percent or less alcohol-content intoxicating liquor (\$300.00)
- W3 – Wholesale selling of malt liquor (\$300.00)

**Special Licenses**

- S1 – Microbrewery (\$7.50 per 100 barrels produced)
- S2 – Domestic Winery (\$7.50 per 500 gallons produced)
- S4 – Picnic 7 Day Intoxicating Liquor by the Drink (\$15.00 per day)
- S6 – July 4<sup>th</sup> Celebration Malt Liquor & Light Wine by the Drink (\$15.00 per day)
- C1 – Caterer Intoxicating Liquor by the Drink – Up to 7 Days (\$15.00 per day)
- C2 – Caterer Intoxicating Liquor by the Drink – Up to 50 Days (\$500.00)
- C3 – Caterer Intoxicating Liquor by the Drink – Unlimited Days (\$1,000.00 per day)



**Liquor License**  
Application Form

Regulated Industries Division  
111 E. Maple Avenue  
Independence, MO 64050  
(816) 325-7079  
blicenses@indepmo.org

**Managing Officer, Sole Owner, or Managing Partner Information**

RICHARD T BRYANT

|  |      |              |        |                  |                |                        |
|--|------|--------------|--------|------------------|----------------|------------------------|
| Full Name  |      |              |        |                  |                | Social Security Number |
| M  | 68   | 5'10         | 230    | 9/3/52           | KANSAS CITY MO | YES                    |
| Sex  | Age  | Height       | Weight | Date of Birth    | Place of Birth | Are you a U.S. Citizen |
| 700 WEST 91ST STREET, KANSAS CITY MO 64114         |      |              |        |                  |                |                        |
| Home Address                                       | City |              |        | State            |                | Zip                    |
| RICHARD T BRYANT AND ASSOCIATES PC                 |      | 816-221-9000 |        | DICK2479@AOL.COM |                |                        |
| Place of Employment (other than business)          |      |              |        | Employment Phone | Email          |                        |
| 1111 MAIN STREET, SUITE 750, KANSAS CITY, MO 64105 |      |              |        |                  |                |                        |
| Employment Address                                 | City |              |        | State            |                | Zip                    |

City or Town where the Managing Officer, Sole Owner, or Managing Partner pays taxes:

KANSAS CITY, JACKSON COUNTY MO

Will this person be in active control and management of this business? Please explain (part-time/full-time, etc.):

YES, AS TO TRAINING AND GOVERNMENTAL COMPLIANCE

Have you, any partner or employee ever been arrested anywhere in the United States for the violation of any City, State or Federal Law? If so, who, where, when and what offense (do not include minor traffic offenses):

NO

Have you, any partner or employee ever been the holder of a license to manufacture or sell alcoholic beverages, which was revoked? If so, explain:

NO

Have you, or any member of your household or immediate family, ever made application for a permit for the Director of Liquor Control that was denied? If so, explain and provide approximate date of denial:

NO

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 property owner:

A 5 YEAR LEASE EXISTS WITH CSR INVESTMENTS LLC WITH CONTINGENCY OF LICENSING APPROVAL WITH BASE INITIAL PAYMENTS OF \$1800/MONTH, ESCALATING TO \$2000/MONTH BY YR 5--WITH OPTIONS TO RENEW



**Liquor License**  
Application Form

Regulated Industries Division  
111 E. Maple Avenue  
Independence, MO 64050  
(816) 325-7079  
blicenses@indepmo.org

**Managing Officer, Sole Owner, or Managing Partner Information**

|   |     |                    |        |                  |                |                        |  |
|---|-----|--------------------|--------|------------------|----------------|------------------------|--|
| SALIM LAKHANI                             |     | SOLE MEMBER OF LLC |        |                  |                | [REDACTED]             |  |
| Full Name                                 |     |                    |        |                  |                | Social Security Number |  |
| M   | 49  | 5'6                | 205    | 05/24/1972       | INDIA          | YES                    |  |
| Sex                                       | Age | Height             | Weight | Date of Birth    | Place of Birth | Are you a U.S. Citizen |  |
| 15805 LINDEN ST                           |     | OVERLAND PARK KS   |        | 66224            |                |                        |  |
| Home Address                              |     | City               |        | State            |                | Zip                    |  |
| SMOKE 4 LESS                              |     |                    |        | 816-886-1421     |                |                        |  |
| Place of Employment (other than business) |     |                    |        | Employment Phone |                | Email                  |  |
| 1701 S NOLAND ROAD, INDEPENDENCE MO       |     |                    |        | 64055            |                |                        |  |
| Employment Address                        |     | City               |        | State            |                | Zip                    |  |

City or Town where the Managing Officer, Sole Owner, or Managing Partner pays taxes:

SOLE MEMBER OF LLC IS A KANSAS RESIDENT

Will this person be in active control and management of this business? Please explain (part-time/full-time, etc.):

YES, ACTIVE OPERATOR OF THE BUSINESS

Have you, any partner or employee ever been arrested anywhere in the United States for the violation of any City, State or Federal Law? If so, who, where, when and what offense (do not include minor traffic offenses):

NO

Have you, any partner or employee ever been the holder of a license to manufacture or sell alcoholic beverages, which was revoked? If so, explain:

NO

Have you, or any member of your household or immediate family, ever made application for a permit for the Director of Liquor Control that was denied? If so, explain and provide approximate date of denial:

NO

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 property owner:

LEASE WITH CSR INVESTMENTS LLC, 1703 S NOLAND ROAD FOR 5 YEARS AT \$1800/MONTH

**Partnership or Member Information (complete only for partnerships or LLCs with multiple members)**

Give partnership or LLC name (if not already listed above) and the name, address, and percentage ownership interest of each partner or member:

LIGHT LIQUOR LLC , 1701 SOUTH NOLAND, INDEPENDENCE MO 64055  
SOLE MEMBER IS SALIM LAKHANI WHO ALSO PROVIDES PERSONAL INFORMATION

**Corporate Information (complete only for a corporation)**

List full name, complete address, phone number, date of birth and Social Security Number of all corporate officers:

President: \_\_\_\_\_  
Vice President: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Treasurer: \_\_\_\_\_  
Managing Officer: \_\_\_\_\_

Names, address, and phone number of shares owned of all stockholders who hold 10% or more of the capital stock:

\_\_\_\_\_

Is the corporation or any stockholder or the managing officer thereof, or any member of his/her household or immediate family, have interest directly in any other permit issued by the Director of Liquor Control? If so, explain:

\_\_\_\_\_

Has any stockholder of the corporation or an officer ever been employed by any person, partnership, or corporation that had a license revoked or suspended? If so, who, where, when and what offense:

\_\_\_\_\_

**Alcoholic Beverage Code Certifications – Adult Materials**

- I certify this establishment will not display or sell books, photos, magazines, videos, or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing, or relating to specified sexual activities.
- I certify this establishment will display or sell books, photos, magazines, videos, or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing, or relating to specified sexual activities.

**Alcoholic Beverage Code Certifications – Allow Entry for Inspection**

- I agree that I will permit the entry of any officer or investigator who has legal authority for the purpose of inspection; and will 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 or the United States.

**Alcoholic Beverage Code Certifications – Restaurant Liquor Sales**

- If qualifying as a restaurant:** I certify that at least 50% of the gross sales of the business for which this license application is made will consist of food.

**Alcoholic Beverage Code Certifications – Package Liquor Sales**

**If applying for a package liquor license:** I certify that, at all times, I will keep 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. Check one of the following:

- This location will have alcohol sales that are less than 90% of gross store sales.  
 This location will have alcohol sales that are more than 90% of gross store sales.

**Additional Documentation Required**

1. Letter of Explanation – Letter explaining why the application is being submitted by outlining the operations of the business and the use of the liquor license, should it be approved.
2. A recent photo of the Managing Officer.
3. Criminal Record Check – Missouri Highway Patrol criminal record check for the Managing Officer, Sole Owner, or each partner or member of a partnership or LLC.
4. Copy of the Managing Officer's paid Missouri personal property tax receipt for year immediately preceding the date of application.
5. Copy of Missouri voter registration card for the Managing Officer.
6. Recent photos of the interior and exterior of the premises to be licensed. If the building is under construction, the applicant shall provide a copy of the plans and specifications of the building.
7. Floorplan of the premises to be licensed including any areas where alcoholic beverages will be stored, sold, or consumed including outdoor patio areas.
8. Copy of Jackson County Business Property Tax receipt for year immediately preceding date of application. (If the business was new after January 1 of that year, it is exempt from this requirement.)
9. Business License Application – Applicant must submit a Business License application that includes a letter of "No Tax Due" dated within the previous 90-days for the MO sales tax number provided and a certificate of liability insurance.
10. License Fee: Check or money order payable to the City of Independence. See page 2 for current annual license fees.

*Please return this application and all required documents to the Regulated Industries Division at the address above. For questions about completing this application, please contact Jordan Ellena at [JEllena@indepmo.org](mailto:JEllena@indepmo.org) or by phone at 816-325-7183.*

The accompanying application is submitted for proposed operator Salim Lakhani who has negotiated to purchase the inventory and business of existing operator SAS USA LLC which currently does business at 1701 South Noland Road. The applicant has also negotiated a lease with the property owner to run for a term of 5 years, with an option for a renewal period.

The LLC owner has experience in the convenience store business. This is the purchase of an existing licensed business location which is properly zoned. The applicant has submitted his application to the Alcohol Tobacco and Trade Bureau as well as to the Jackson County Personal Property Assessor.

We would appreciate your approval of this application.



# City of Independence, Missouri

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## Business License Application

### Thank you!

Your application for a Business License was submitted successfully. Your payment of **\$253.25** and convenience fee of **\$7.47** on **6/12/2021** was accepted. The reference number for this payment is **557606853**.

Your new account number is **106235**. Please use this account number when corresponding regarding the status of your Business License.

# City of Independence, Missouri

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## Liquor License Application

### Thank you!

Your application for a Liquor License was submitted successfully. Your payment of **\$75.00** and convenience fee of **\$2.21** on **6/12/2021** was accepted. The reference number for this payment is **557605797**.

Your new account number is **100311**. Please use this account number when corresponding regarding the status of your Liquor License.

#### Business Name

Smoke 4 Less & Convenience Store

#### Managing Officer

RICHARD T BRYANT



**State of Missouri**  
**John R. Ashcroft Secretary of State**  
Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

## Articles of Organization

**Reference Number** SR197337

**Receipt Number** TR573675

**1. The name of the limited liability company is:** LIGHT LIQUOR LLC

**2. The purpose(s) for which the limited liability company is organized:**

LIQUOR & CONVENIENCE STORE

**3. The name and address of the limited liability company's registered agent in Missouri is:**

**Name** SALIM LAKHANI

**Address** 16390 E 23RD STR, INDEPENDENCE, Missouri, 64055, United States

**4. The address of its principal place of business is:**

1701 S NOLAND RD, INDEPENDENCE, Missouri, 64055, United States

**5. The management of the limited liability company is vested in:**

Member

**6. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:**

1/1/2021

**7. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual:**

Perpetual

**8. The name(s) and street address(es) of each organizer:**

**Name** SALIM LAKHANI

**Address** 11211 E US HWY 24, INDEPENDENCE, Missouri, 64054, United States

### **In Affirmation thereof, the facts stated above are true and correct:**

The undersigned believes the statements presented in this filing are true and correct to the best of their knowledge and belief, they are subject to the penalties provided under section 575.040 RSMo. for making a false declaration under Section 575.060 RSMo

The undersigned agrees and represents that he/she is authorized to execute this document

**Name** SALIM LAKHANI

**Title** Organizer

**Date** 01/01/2021

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF ORGANIZATION

WHEREAS,

**LIGHT LIQUOR LLC**

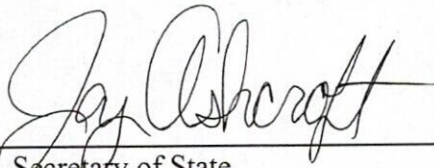
**LC1752142**

filed its Articles of Organization with this office on the 1st day of January, 2021, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on 1st day of January, 2021, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

Effective Date: January 1, 2021

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 1st day of January, 2021.

  
Secretary of State



# STATE OF MISSOURI



John R. Ashcroft  
Secretary of State

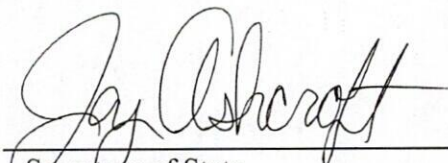
## CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

**LIGHT LIQUOR LLC**  
**LC1752142**

A Missouri entity was created under the laws of this State on 1/1/2021, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 2nd day of June, 2021.

  
Secretary of State

Certification Number: CERT-IN86176





**State of Missouri**  
**John R. Ashcroft Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W.Main St., Rm. 322  
 Jefferson City, MO 65102

X01447514  
 Date Filed: 06/02/2021  
 Expire Date: 06/02/2026  
 John R. Ashcroft  
 Missouri Secretary of State

## Registration of Fictitious Name

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417,RSMo)

Reference Number      SR344918  
 Receipt Number        TR1691113

**The undersigned is doing business under the following name and at the following address:**

**Business name to be registered:** Smoke 4 Less & Convenience Store  
**Business Address:**                    1701 S Noland Rd  
**City, State and Zip Code:** Independence, Missouri, 64055

**Owner Information:**

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

| Charter # | Name of Owners,<br>Individual or Business<br>Entity | Address   | If Listed,<br>Percentage of<br>Ownership<br>Must Equal<br>100% |
|-----------|---|---|--|
| LC1752142 | LIGHT LIQUOR LLC                                    | 1701 S NOLAND RD, INDEPENDENCE, Missouri,<br>64055, United States | 100  |

**In Affirmation thereof, the facts stated above are true and correct:**

The undersigned believes the statements presented in this filing are true and correct to the best of their knowledge and belief, they are subject to the penalties provided under section 575.040 RSMo. for making a false declaration under Section 575.060 RSMo

The undersigned agrees and represents that he/she is authorized to execute this document

**Name**            Richard T Bryant **On Behalf of** LIGHT LIQUOR LLC  
**Title**             Owner  
**Date**             06/02/2021

6/12/2021

ZONING CLEARANCE REQUEST

Subject: **ZONING CLEARANCE REQUEST**  
Date: 6/12/2021 1:34:07 PM Central Standard Time  
From: dick2479@aol.com  
To: cdplanning@indepmo.org

Please see the attached zoning request---Thanks Dick Bryant 816-221-9000



# Zoning Approval

All Businesses Except  
Home Businesses

Regulated Industries Division  
111 E. Maple Avenue  
Independence, MO 64050  
(816) 325-7079  
blicenses@indepmo.org

After you have completed this form, please return to planning staff for review and approval. This can be done by visiting Community Development in City Hall, 111 E. Maple Ave. or by email to [cdplanning@indepmo.org](mailto:cdplanning@indepmo.org).

### Business & Applicant Information

New Business     Change of Address

LIGHT LIQUOR LLC DBA SMOKE 4 LESS AND CONVENIENCE STORE

Business Name

C STORE WITH TOACCO, LIQUOR, PRE-PACKAGED ITEMS

Business Type/Description

RICHARD BRYANT, ATTORNEY

DICK2479@AOL.COM

8162219000

Applicant Name

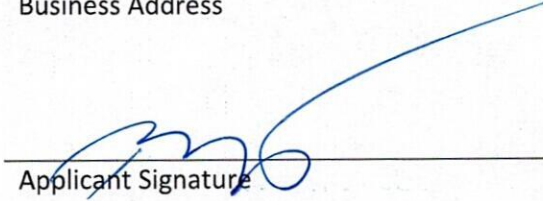
E-mail

Phone

1701 SOUTH NOLAND ROAD

Business Address

Zoning District  
(completed by staff)



06/12/2021

Applicant Signature

Date

Zoning Approved

Date

### Applicant must provide the following documentation to complete a business license application.

ONLY BUSINESS LICENSE APPLICATIONS THAT INCLUDE ALL OF THE FOLLOWING WILL BE ACCEPTED BY THE REGULATED INDUSTRIES DIVISION FOR FINAL PROCESSING:

- COMPLETED ZONING APPROVAL \*\*
- BUSINESS LICENSE APPLICATION
- BUSINESS LICENSE FEE
- CERTIFICATE OF INSURANCE

\*\* This form is required to be signed and completed by a planning staff member before you apply for a regular or temporary business license to operate within the city. Businesses with no physical location in the city are not required to complete this form.

Return all documents and payment to:

Community Development Department  
Regulated Industries Division  
111 E. Maple Avenue  
Independence, MO 64050



TAXATION DIVISION  
PO BOX 3000  
JEFFERSON CITY, MO 65105-3000



*Missouri*  
DEPARTMENT OF REVENUE

Telephone: 573-751-5860  
Fax: 573-522-1722  
E-mail: [businessstaxregister@dor.mo.gov](mailto:businessstaxregister@dor.mo.gov)

LIGHT LIQUOR LLC  
LIGHT LIQUOR LLC  
PO BOX 24025  
OVERLAND PARK, KS 66283-4025

03/23/2021

### CERTIFICATE OF NO TAX DUE

RE: Notice Number 2020129424  
MISSOURI ID: 26502739

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of 03/23/2021. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to SALES TAX due and does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION

# State of Missouri Missouri Retail Sales License

Licensee:

License Issued: 03/23/2021

SMOKE 4 LESS & CONVENIENCE STORE  
1701 S NOLAND RD  
INDEPENDENCE, MO 64055-1311


LIGHT LIQUOR LLC

MISSOURI ID: 26502739

The issuance of this license is contingent upon the licensee's compliance in all respects with the requirements in Chapter 144 RSMo, and the rules promulgated thereunder.

This license is valid until cancelled and surrendered by the licensee or revoked by the Director of Revenue.

This license must be prominently displayed in the place of business.



*Ken Zellen*

STATE OF MISSOURI  
Director of Revenue

MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION

This business is registered INSIDE the city limits of INDEPENDENCE in JACKSON COUNTY and you are liable to collect and remit all applicable state and local sales taxes.

This license is not assignable or transferable.

Notice Number: 2020129420

**Schedule P – Personal Data**

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name: SALIM LAKHANI Maiden Name: S  
 Home Address: 15805 LINDEN ST. OVERLAND PARK KS 66224  
Street City State Zip  
 Home Phone Number: 863-221-4042 Cell Phone Number: 863-221-4042  
 E-mail Address: SalimGlober@AOL.com  
 Business Name: INFINITY USA LLL Business Phone: 816-886-1424  
 Business Address: 11211 E US HWY 24 Independence MO 64054  
Street City State Zip  
 SSN: XXXXXXXXXX Birth Place: INDIA Birth Date: 05-24-1972  
 Spouse's Name: SHABANA LAKHANI Spouses Maiden: \_\_\_\_\_  
 Address (if different from above): \_\_\_\_\_

1. Are you a U.S. citizen?  Yes  No Date and place of naturalization (if applicable): \_\_\_\_\_
2. Have you ever been arrested, indicted, or convicted for the violation of any federal or state law?  Yes  No  
 If yes, provide additional documentation and list all details.
3. List employers for the past five (5) years. If self-employed, state nature of business and location.

| NAME             | ADDRESS                                    | PHONE        | DATES |
|------------------|--|--------------|-------|
| LUCKY USA LLL    | 16390 E 23 <sup>rd</sup> ST Ind Mo 64055   | 816-254-1786 |       |
| INFINITY USA LLL | 11211 E US HWY 24<br>Independence MO 64054 | 816-886-1424 |       |

4. What percentage of the business do you own? 100 %
5. Have you ever made application for a liquor license that was denied or have you held a liquor permit that was suspended or revoked?  
 Yes  No If yes, provide and/or list additional information: \_\_\_\_\_
6. Do you or any member of your immediate family have a direct or indirect interest in any other active liquor license?  
 Yes  No If yes, please provide additional information: \_\_\_\_\_

I, Salim Lakhani, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

Salim  
 SIGNATURE OF APPLICANT

6/2/21  
 DATE

KANSAS

DRIVER'S  
LICENSE



Director of Vehicles  
Secretary of Revenue

4d LIC. NO [REDACTED]

3 5 DOB 05/24/1972

1 LAKHANI

2 SALIM SULTAHN

8 15805 LINDEN ST  
OVERLAND PARK, KS 66224-3953

9 CLASS C

9a END NONE

12 REST B

15 SEX M

16 HGT 5'-06"

17 WGT 205 lb

18 EYES BLK

5 DD 73511540282  
LS18351M2224EB

4a ISS 12/17/2018

4b EXP 05/24/2022

05/24/1972



*DeX*



## No Match Notification

A statewide search of the identifiers below has revealed no criminal conviction or sex offender information on file. Fingerprints were not provided and thus the result of the search cannot be guaranteed.

Date of Search: 06/12/2021

Name (1): SALIM LAKHANI

Name (2):

Name (3):

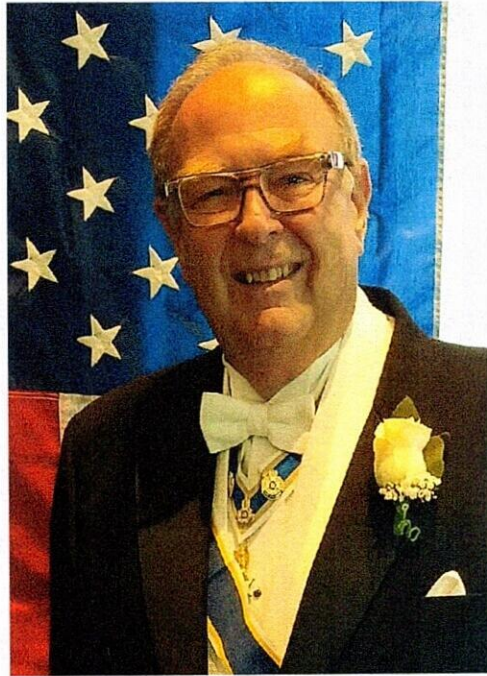
Date Of Birth: 05/24/1972

SSN: [REDACTED]

Control Number: 5560633

If you have any questions, please do not hesitate to contact our office at 573-526-6153.

Missouri State Highway Patrol  
Criminal Justice Information Services Division  
PO BOX 9500  
Jefferson City, MO 65102



Kansas City Board  
of Election Commissioners  
30 W. Pershing Rd., Suite 2800  
Kansas City, MO 64108

U.S. POSTAGE PITNEY BOWES



ZIP 64108 \$ 000.35<sup>0</sup>  
02 4W  
0000347571 OCT 02 2020

**RETURN SERVICE REQUESTED**

To vote you must present a form of identification from the following list: a Missouri or United State government-issued photo ID such as a driver license, nondriver license, passport, or military ID, ID from a Missouri university, college, vocational or technical school, utility bill, bank statement, government check, paycheck, or another government issued document showing your name and address. If you do not present any of identification listed above, you may cast a provisional ballot. If you need assistance obtaining a photo ID to vote, please contact the Secretary of State's office at (866) 868-3245.

**SEE VOTER NOTIFICATION CARD  
FOR POLLING LOCATION**

**Election Districts**

- US Representative District 5
- State Senate District 7
- State House District 25
- County Legislative District 04
- City Council District 06
- Metro. Community College District 02
- Center School District

This is a Voter Identification Card

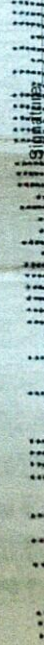


Voter ID #: 25582907

Kansas City  
Ward/Precinct: 10.02 - 10

Registration Date: 11/30/1970

**BRYANT, RICHARD TODD**  
700 W 91ST ST  
KANSAS CITY MO 64114





# Jackson County Missouri

## Official Tax Payment Receipt

|              |          |                |                  |             |                      |
|--------------|----------|----------------|------------------|-------------|----------------------|
| Receipt No.: | 12052223 | Date and Time: | 12/01/2020 14:09 | Print Date: | 2/5/2021 11:52:53 AM |
|--------------|----------|----------------|------------------|-------------|----------------------|

### Receipt Details

| Parcel No.               | Tax Year | TCA/District | Amount Applied | Unpaid Balance Amount* | Description               |
|--------------------------|----------|--------------|----------------|------------------------|---------------------------|
| 48-340-19-20-00-0-00-000 | 2020     | 007          | 2,178.45       | 0.00                   | A/V Principal-Residential |

### Payer Name and Address Information

| Name                | Address                              | Tender Type    | Amount Applied |
|---------------------|--------------------------------------|----------------|----------------|
| BRYANT RICHARD TODD | 700 W 91ST ST, KANSAS CITY, MO 64114 | Personal Check | 2,178.45       |

### Owner Name and Address Information

| Parcel No.               | Name                | Address  | Since      | To      |
|--------------------------|---------------------|--|------------|---------|
| 48-340-19-20-00-0-00-000 | BRYANT RICHARD TODD | 700 W 91ST ST, KANSAS CITY, MO 64114 UNITED STATES | 11/16/2020 | Current |

### Distribution to Districts

| Parcel No.               | Tax Year | Agency                     | Amount    |
|--------------------------|----------|----------------------------|-----------|
| 48-340-19-20-00-0-00-000 | 2020     | BOARD OF DISABLED SERVICES | 15.2074   |
|                          | 2020     | CENTER SCHOOL # 58         | 1441.0917 |
|                          | 2020     | CITY - KANSAS CITY         | 410.7396  |
|                          | 2020     | JACKSON COUNTY             | 143.1695  |
|                          | 2020     | MENTAL HEALTH              | 24.7442   |
|                          | 2020     | METRO JUNIOR COLLEGE       | 49.8633   |
|                          | 2020     | MID-CONTINENT LIBRARY      | 86.6047   |
|                          | 2020     | STATE BLIND PENSION        | 7.0296    |

### Real Estate Legal Descriptions

| Parcel No.               | Legal Line                           | Line No. |
|--------------------------|--------------------------------------|----------|
| 48-340-19-20-00-0-00-000 | WESTERN HILLS LOTS 107-133---LOT 126 | 1        |

\*Interest, penalties and fees will be assessed on any unpaid balance amount. The amount of any unpaid balance shown on this receipt is the unpaid balance amount at the time the receipt is run, exclusive of such interest, penalties and fees. Changes in the taxable value may alter your unpaid balance amount.

Failure of this payment to clear your financial institution will void this receipt. A returned item fee and late penalty may be assessed.

Please verify with your financial institution that this payment has cleared.

**REMINDER:** This application is for research purposes only and cannot be used to pay taxes. To pay your taxes, [Click here](#). Occasionally, the parcel number for a real estate parcel changes, due to a parcel segregation or merge. In such a case, a search of the new parcel number may not reflect tax delinquency or a full tax history concerning that parcel. You may wish to contact us to obtain that information. Or, you may wish to search all relevant parcel numbers of parcels involved in such a segregation or merge. [Click here](#) to begin a search on this website to see if a parcel was involved in a segregation or merge occurring within the past five years and to see a list of parent parcel(s) and child parcel(s) involved. **NOTE:** Information concerning a segregation or merge occurring more than five years prior to the search is not available on this website.





## No Match Notification

A statewide search of the identifiers below has revealed no criminal conviction or sex offender information on file. Fingerprints were not provided and thus the result of the search cannot be guaranteed.

Date of Search: 04/09/2021

Name (1): RICHARD T BRYANT

Name (2):

Name (3):

Date Of Birth: 09/03/1952

SSN: [REDACTED]

Control Number: 5463220

If you have any questions, please do not hesitate to contact our office at 573-526-6153.

Missouri State Highway Patrol  
Criminal Justice Information Services Division  
PO BOX 9500  
Jefferson City, MO 65102

**JACKSON COUNTY – BUSINESS INFORMATION SHEET**

|                       |                       |                              |
|-----------------------|-----------------------|------------------------------|
| ASSESSOR'S USE ONLY:  | Account # _____       | Date of Acct Creation: _____ |
| TCA: _____ SIC: _____ | Assessment Year _____ | Assessor's Initials _____    |

**Complete ALL sections that apply to your business.** Return the completed form to the Jackson County Assessment Department. If you have any questions regarding this form, please contact our office at (816) 881-4672, Monday through Friday, 8:00 am to 5:00 pm (CST). This form can also be returned by email to BPAsmt@jacksongov.org, by fax 816-881-4680 or in person.

PLEASE PRINT

Name of Corporation (if applicable) LIGHT LIQUOR LLC  
Name of Business SMOKE 4 LESS & CONVENIENCE STORE  
Mailing Address PO BOX 24025, OVERLAND PARK KS 66283

Do you sell any retail or wholesale goods? Yes Does your business require a liquor license? Yes

Physical Location of Business 1701 SOUTH NOLAND RD, INDEPENDENCE MO 64055

Contact Person AJAI BHAI Title ACCOUNTANT

Daytime Phone of Contact Person 785-608-9162 Email: LIGHTLIQUORLLC@GMAIL.COM

Type of Business LIQUOR/CONVENIENCE STORE Number of Employees at this Location 4

Date Business Started in Jackson County 8/1/2021 Business Phone Number 816-886-1424

**INDIVIDUAL / PROPRIETOR:**

Name of Business Owner \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTNERSHIP:**

|                          |                      |               |
|--------------------------|----------------------|---------------|
| Name of Partner(s) _____ | % of Ownership _____ | Phone # _____ |
| _____                    | % of Ownership _____ | Phone # _____ |
| _____                    | % of Ownership _____ | Phone # _____ |

Total Acquisition Cost of Machinery, Equipment, Furniture & Fixtures \$15000  
(Do Not Include Cost of Licensed Vehicles or Leasehold Improvements)

Attach a front and back clean copy of the title, registration renewal, or title receipt for all licensed items titled in the business name.

If you have multiple locations in Jackson County, attach a list of all locations.

Owner / Partner Signature  \_\_\_\_\_ Date 6/12/2021

**COMPLETE ONLY IF YOUR BUSINESS IS A CORPORATION**

Full Legal Name of Corporation LIGHT LIQUOR LLC

Date of Incorporation 1/1/2021 State of Incorporation MO

**List Name, Home Address and Phone Number of Officers:**

Name of President / CEO SALIM LAKHANI Phone Number \_863-221-4042

Address 15805 LINDEN STREET, OVERLAND PARK, KS \_\_\_\_\_

Name of Vice President \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Secretary \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Treasurer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**List Name, Home Address and Phone Number of Directors:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**List Name, Home Address and Phone Number of Registered Agent:**

Name SALIM LAKHANI Phone Number 863-221-4042

Address 16390 E 23<sup>RD</sup> STREET, INDEPENDENCE MO 64055

  
\_\_\_\_\_  
Signature and Title of Corporate Officer

06/12/2021

Date

Business Name: LIGHT LIQUOR LLC

Parcel Number:

Items declared for tax year:

**\*\*DO NOT INCLUDE LICENSED ITEMS\*\***

A. FURNITURE/ FIXTURES: OFFICE FURNITURE, TOOLS, MACHINERY, SIGNAGE, PALLETS, SHELVING.

| ITEM           | YEAR OF ACQUISITION | COST AT ACQUISITION |
|----------------|---------------------|---------------------|
| STORE FIXTURES | 2021                | 15000               |
|                |                     |                     |
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|                |                     |                     |

B. COMPUTER, PRINTER, FAX MACHINE, COPIER, TELEPHONE, TELEPHONE SYSTEM, CELL PHONE, SCANNER

| ITEM | YEAR OF ACQUISITION | COST AT ACQUISITION |
|------|---------------------|---------------------|
|      |                     |                     |
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DEPARTMENT OF THE TREASURY  
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)  
**Alcohol Dealer Registration – For Use On and After July 1, 2008**  
(Please read instructions carefully before completing this form)

**SECTION 1 – IDENTIFYING INFORMATION**

Complete all fields in section 1 to correctly identify your business

|   |  |   |             |
|---|--|---|-------------|
| NAME (Last, First, Middle) or CORPORATE NAME (If Corporation)<br>LIGHT LIQUOR LLC |  | EMPLOYER IDENTIFICATION NUMBER (See Instructions)<br>86 - 1193093 |             |
| MAILING ADDRESS (Street address or P.O. Box)<br>PO BOX 24025                      |  | CITY<br>OVERLAND PARK   | STATE<br>KS |
|   |  | ZIP CODE<br>66283   |             |

SELECT BOX a, b, or c:

a.  NEW BUSINESS

b.  OUT OF BUSINESS

c.  EXISTING BUSINESS WITH CHANGE IN: (complete items below)

|   |   |
|---|---|
| <input type="checkbox"/> NAME / TRADE NAME        | <input type="checkbox"/> OWNERSHIP INFO                 |
| <input type="checkbox"/> ADDRESS / LOCATION       | <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER |
| <input type="checkbox"/> BUSINESS CLASS (OLD: - ) |   |
| <input type="checkbox"/> PHONE (NEW: - )          |   |

08/01/2021

DATE OF CHANGE, OR OF ENTRY INTO BUSINESS, OR OF TERMINATION OF BUSINESS (mm/dd/yyyy)

**SECTION 2 – BUSINESS CLASS(ES) AND PREMISES LOCATIONS**

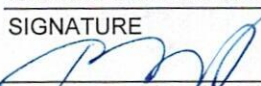
Enter information below for each business location, using the appropriate class code

| DEALER CLASS   | SUBCLASS  | CLASS CODE |
|--|---|------------|
| RETAIL DEALER (Anyone who sells, or offers for sale, beverage alcohol products to any person other than a dealer. Examples are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.) | Liquors (Distilled Spirits, Wine or Beer)             | 11         |
|  | Beer Only   | 12         |
|  | Liquors (Distilled Spirits, Wine or Beer) – At Large* | 15         |
|  | Beer Only – At Large*                                 | 16         |
| WHOLESALE DEALER (Anyone who sells, or offers for sale, beverage alcohol products to another dealer. An IMPORTER must register as a wholesaler if he or she sells beverage alcohol products to other dealers.)   | Liquors (Distilled Spirits, Wine, or Beer)            | 31         |
|  | Beer Only   | 32         |

\* A retail dealer at large is one whose business requires him to move from place to place, such as a circus or carnival.

| CLASS CODE | TRADE NAME               | PREMISES ADDRESS STREET NUMBER AND NAME | CITY, STATE, ZIP CODE | TELEPHONE NUMBER |
|------------|--------------------------|---|-----------------------|------------------|
| 11         | SMOKE 4 LESS & CONVENIEN | 1701 S NOLAND ROAD                      | INDEPENDENCE MO 64055 | ( 913 ) 649-7400 |
|            |                          |   |                       | ( )              |
|            |                          |   |                       | ( )              |
|            |                          |   |                       | ( )              |
|            |                          |   |                       | ( )              |

Under penalties of perjury, I declare that the statements in this registration are true and correct to the best of my knowledge and belief; that this registration applies only to the specified business and location or, where the registration is for more than one location, it applies only to the businesses at the locations specified on the attached list.

|   |                   |                    |
|---|-------------------|--------------------|
| SIGNATURE<br> | TITLE<br>ATTORNEY | DATE<br>06/12/2021 |
|---|-------------------|--------------------|

**SECTION 3 – OWNERSHIP INFORMATION**

INDIVIDUAL OWNER    PARTNERSHIP    CORPORATION    LLC    OTHER (Specify)

|                            |  |                              |
|----------------------------|--|------------------------------|
| FULL NAME<br>SALIM LAKHANI | RESIDENCE ADDRESS<br>15805 LINDEN STREET, OVERLAND PARK KS | POSITION<br>MGR--SOLE MEMBER |
| FULL NAME                  | RESIDENCE ADDRESS  | POSITION                     |
| FULL NAME                  | RESIDENCE ADDRESS  | POSITION                     |
| FULL NAME                  | RESIDENCE ADDRESS  | POSITION                     |
| FULL NAME                  | RESIDENCE ADDRESS  | POSITION                     |

**INSTRUCTIONS****GENERAL INSTRUCTIONS**

This registration is for use on and after July 1, 2008. If you are engaged in one or more of the alcohol activities listed on this form, you are required to file this form before beginning business. If there is a change in your business, you need to report it on or before the next July 1 (see CHANGES IN OPERATIONS, below). You may file one registration to cover several locations or several types of activity operating under the same Employer Identification Number (EIN).

NOTE: The special (occupational) tax on producers and marketers of alcohol beverages was repealed by Section 11125 of Public Law 109-59, effective July 1, 2008. However, tax liability and the registration requirement for periods before that date remain. If you need to file a delinquent or amended registration for a period through June 30, 2008, please use TTB Form 5630.5a, Alcohol Special (Occupational) Tax Registration and Return – For Periods Ending On or Before June 30, 2008.

**SIGNING YOUR REGISTRATION**

This form must be signed by the individual owner, a partner, or, in the case of a corporation or LLC, an individual authorized to sign on behalf of the corporation or LLC.

**SECTION 1 – IDENTIFYING INFORMATION**

Complete Section 1, Identifying Information, as specified on the form. Your registration must contain a valid Employer Identification Number (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). You must have an EIN whether you are an individual owner, partnership, corporation, LLC, or a government agency. If you do not have an EIN, contact the Internal Revenue Service immediately to obtain one. While TTB may assign a temporary identification number (beginning with XX) to allow initial processing of a return which lacks an EIN, do not delay submission of your registration pending receipt of your EIN. If you have not received a number by the time you file this return, write "number applied for" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

**SECTION 2 – PREMISES LOCATIONS**

Enter the requested information in Section 2 for each premises location even if this repeats the business information listed in Section 1. If you are reporting a change, enter the date of the change in the appropriate space in Section 1. If additional sheets are needed, make a copy of page 1 of this form or enter the requested information on a separate sheet of paper with your EIN and Company's name.

**SECTION 3 – OWNERSHIP INFORMATION**

Please complete the ownership information in Section 3. Supply the information specified for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol. For a corporation, association, or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

**CHANGES IN OPERATIONS**

If there is a change of your company's name, trade name, address, premises location, telephone number, ownership information, type of business, or EIN, complete TTB F 5630.5d and submit it no later than the next July 1 after the change. Check the box, Existing Business with Change(s), complete all fields in Section 1, and complete Sections 2 and 3 as necessary to show any changes there. Upon going out of business, submit TTB F 5630.5d within 30 days, checking box b in Section 1. If you are still in business but there are no changes since your last registration, this form does not need to be submitted.

**MAILING INSTRUCTIONS**

Please sign and date this registration and mail it to:

Alcohol and Tobacco Tax and Trade Bureau  
550 Main Street, Suite 8002  
Cincinnati, OH 45202-5215.

**CONTACT INFORMATION**

For further assistance, contact TTB National Revenue Center at 1-800-937-8864 or 1-877-882-3277; or email to [ttbtaxstamp@ttb.gov](mailto:ttbtaxstamp@ttb.gov). Additional information is also available at our Web site, [www.ttb.gov](http://www.ttb.gov).

**PAPERWORK REDUCTION ACT NOTICE**

This request is in accordance with the Paperwork Reduction Act of 1995. This information is used to ensure compliance with Section 11125 of Public Law 109-59, and the Internal Revenue Laws of the United States.

The estimated average burden associated with this collection of information is .8 hour per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, 1310 G Street, NW., Box 12, Washington, DC 20005.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.







