



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 ☐ Ownership Change

Business Information

This Business is a: ☐ Sole Proprietor ☐ Partnership ☐ LP ☐ LLC ☒ Corporation

S.M. Trading Corporation

Convenience Store with Gasoline

Legal Name of Entity

Type of Business

Fuel Expresso #41

Doing Business as (d/b/a) (if different than above)

4200 S Lee's Summit Road

Independence

MO

64055

Physical Address

City

State

Zip

16504 Goddard, Overland Park, Kansas 66221

Mailing Address (if different from above)

9132696504

Phone

Cell Phone

Email

Missouri 02-25-2009

20422792

State & Date of Incorporation or Organization

Missouri Retail Sales Tax Number

09-01-2021

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: **43ft x 78ft**

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

Proposed hours of operation: **Mon- Sun 6am - 11am**

If existing business, from whom was the business purchased? **N/A**

Date of purchase: **N/A**

Date of Possession: **Upon receipt of license**

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:

N/A

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.

Mukesh Goel

Mukesh Goel

Signature of Applicant

Printed Name

President

6/23/21

Title

Date

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 4th 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

Jeannette Cambron

Full Name						Social Security Number	
Femal	61	5'6"	170	10-16-1959	Kansas City, KS	Yes	
Sex	Age	Height	Weight	Date of Birth	Place of Birth	Are you a U.S. Citizen	
404 S Silvertop Lane			Raymore		MO	64083	
Home Address			City		State	Zip	
Fule Expresso Stations				9132696504			
Place of Employment (other than business)				Employment Phone		Email	
7415 W 130th			Overland Park		KS	66213	
Employment Address			City		State	Zip	

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

Cass County

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

Part Time- Along with the owners and other general managers

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:

No- S.M. Trading Corporation owns and operates the store

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:

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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: Mukesh Goel- 16504 Goddard, Overland Park, KS 66221- 9132696504

Vice President:

Secretary: Sangeeta Goel- 16504 Goddard, Overland Park, KS 66221- 9132696504

Treasurer:

Managing Officer: Jeannette Cambron- 404 S Silvertop, Raymore- 9132067484

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

Mukesh Goel- 16504 Goddard, Overland Park, KS 66221- 9132696504- 50%
Sangeeta Goel- 16504 Goddard, Overland Park, KS 66221- 9132696504- 50%

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:

Yes- Mukesh and Sangeeta have multiple stores throughout the State of Missouri

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:

No

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.)
- On File ✓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.
- On File ✓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 or by phone at 816-325-7183.





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: 02/19/2021

Name (1): JEANNETTE CAMBRON

Name (2):

Name (3):

Date Of Birth: 10/16/1959

SSN: [REDACTED]

Control Number: 5402853

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

CASS COUNTY **** REAL ESTATE **** TAX RECEIPT: 2020

CAMBRON, JEANNETTE R
404 S SILVER TOP LN
RAYMORE, MO 64083

TAX YEAR: 2020
ACCT #: 2301900
TOTAL PAID: \$3,006.27
PAID ON: 12/4/2020

Personal Description

Map Number:

4-04-17-400-001-012.000

Situs Address:

404 S SILVER TOP LN
RAYMORE, MO 64083
SEC: 17 TWP: 46 RNG: 32 Book/Page: 4168/107

ACREAGE: 0.00

Legal Description:

SILVER LAKE
DEVL T34 & BGNWCRLT34, NW42SW140SE
49NETB-

Subdivision/Blk/Lot:

SILVER LAKE 34+

Description

Rate

Tax Amt

R-2 RAY-PEC	5.1823	1,870.29
FIRE 2-SO METRO	0.8947	322.90
AMB 2-SO METRO	0.3545	127.94
STATE	0.0300	10.83
CASS CO RD&BRDG	0.1789	64.57
CASS CO LIBRARY	0.2633	95.02
HOSPITAL MAINT	0.1261	45.51
SHELTER WKSHOP	0.0461	16.64
RAYMORE-CITY	1.2540	452.57
Tax Amount:	8.3299	3,006.27

TOTAL DUE:

\$3,006.27

Assessed Values

Residential: 36,090

TOTAL ASSESSED 36,090

CASS COUNTY **** PERSONAL PROPERTY **** TAX RECEIPT: 2020

CAMBRON, MICKEY R
404 S SILVERTOP LN
RAYMORE, MO 64083

TAX YEAR: 2020
ACCT #: 49318
TOTAL PAID: \$1,109.54
[PAID ON: 12/30/2020](#)

Personal Property Description

Qty	Description	Value	Description	Rate	Tax Amt
1	2019 FORD TRUCK F350	12,810.00	R-2 RAY-PEC	5.1823	690.28
1	2002 YAMAHA MC 1602CC	510.00	FIRE 2-SO METRO	0.8947	119.17
			AMB 2-SO METRO	0.3545	47.22
			STATE	0.0300	4.00
			CASS CO RD&BRDG	0.1789	23.83
			CASS CO LIBRARY	0.2633	35.07
			HOSPITAL MAINT	0.1261	16.80
			SHELTER WKSHOP	0.0461	6.14
			RAYMORE-CITY	1.2540	167.03
Total Assessed Value:		13,320.00	Tax Amount:	8.3299	1,109.54
			LATE CHARGES:		0.00
Assessed Values			TOTAL DUE:		\$1,109.54
	Vehicles	13,320.00			
	Other Property	0.00			
TOTAL ASSESSED		13,320.00			

Check Your Voter Registration

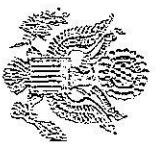
Yes, Jeannette Cambron is registered at 404 SILVERTOP LN RAYMORE, 64083

Your precinct is 47.01. To view your polling place and a listing of candidates and issues on the next ballot, please visit our [Voter Outreach Portal](#)



UNITED STATES DEPARTMENT OF HOMELAND SECURITY

CERTIFICATE OF NATURALIZATION



AMERICAN CITIZENSHIP

No. 31474803

U.S. Registration No. A079585381

Personal description of holder as of date of naturalization:

Date of birth: JUNE 09, 1962

Sex: MALE

Height: 5 feet 8 inches

Marital status: MARRIED

Country of former nationality: INDIA



I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

Mukesh Goel

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: KANSAS CITY, MISSOURI

The Secretary having found that:

MUKESH GOEL

then residing in the United States, intends to reside in the United States when so required by the Naturalization laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

US DISTRICT CRT FOR THE STATE OF KANSAS

at: KANSAS CITY, KANSAS on: DECEMBER 18, 2009

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY.

Director, U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY



No Match Notification

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Date of Search: 02/19/2021

Name (1): MUKESH GOEL

Name (2):

Name (3):

Date Of Birth: 06/09/1962

SSN: [REDACTED]

Control Number: 5402851

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

NEW CORAVAZA MEDON

Country of former nationality:
INDIA





No Match Notification

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Date of Search: 02/19/2021

Name (1): SANGEETA GOEL

Name (2):

Name (3):

Date Of Birth: 03/11/1967

SSN: [REDACTED]

Control Number: 5402852

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