



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

Aln't Yo Momma Kitchen

Resturant/Bar

Legal Name of Entity

Type of Business

Aln't Yo Momma Kitchen

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

206 N Main

Independence

MO

64050

Physical Address

City

State

Zip

Mailing Address (if different from above)

8165177288

8165177288

alntyomommakitchen@yahoo.com

Phone

Cell Phone

Email

6/8/2021

26791161

State & Date of Incorporation or Organization

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: **3,500**

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

Proposed hours of operation: **10am to 12a**

If existing business, from whom was the business purchased?

Date of purchase:

Date of Possession:

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:

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

Kevin Smith
Printed Name

Owner
Title

06/11/2021
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) ~~450.00~~
- T2 – Retail Selling of Malt Liquor & Wine by the Drink (\$150.00) ~~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)

Managing Officer, Sole Owner, or Managing Partner Information

Kevin Smith



Full Name						Social Security Number	
Male	33	5'7	182	03/15/1988	Kankakee Illinois	Yes	
Sex	Age	Height	Weight	Date of Birth	Place of Birth	Are you a U.S. Citizen	
3352 Shady Bend Drive			Independence		MO	64050	
Home Address			City		State	Zip	
LWL				8168866352		Liveswithoutlimits@yahoo.com	
Place of Employment (other than business)				Employment Phone		Email	
117 West 23rd Street			Independence		MO	64050	
Employment Address			City		State	Zip	

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

Independence Missouri

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

Yes, Full-Time

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 from Monoply Acquisititions Address PO BOX 515, Raymore MO 64083 Owner name Clifton Payne. Lease term 2 years for 2,900 a 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:

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 or by phone at 816-325-7183.

Ain't Yo Momma Kitchen

206 N. Main Street

Independence Missouri

Phone:816-491-2613 Cell:816-517-7288

6/20/2021

Proposal:

Ain't Yo Momma Kitchen plans to serve consumers with mixed drinks, beer and wine on the restaurant and bar side of our establishment. The operation hours would be Sunday- Saturday 10am to 12am.

Owner,

Kevin Smith



MISSOURI

NOT FOR
REAL ID
PURPOSES

DRIVER LICENSE



9 CLASS **F** 4b EXP **03/15/2025**
4d DE NO [REDACTED] 3 DOB **03/15/1988**

1 **SMITH**
2 **KEVIN BERNARD, JR**
8 **3362 SHADY BEND DR**
INDEPENDENCE, MO 64052

9a ENG **NONE**
12 RESTRICTIONS **NONE**
15 SEX **M** 17 WGT **170 lb** 4a ISS **11/02/2019**
16 HST **5'-05"** 18 EYES **BRO**

Kevin Bernard, Jr.

5 ID **191613060011**

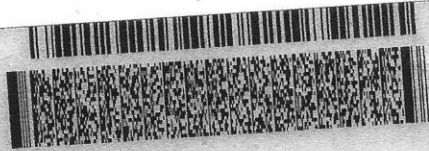
19309W2052810060101



CLASS:
F-Operator

ENDORSEMENTS:
None

RESTRICTIONS:
None



Card Rev 12/10/2012

Donor
Symbol
Sticker



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: 06/28/2021

Name (1): KEVIN SMITH

Name (2):

Name (3):

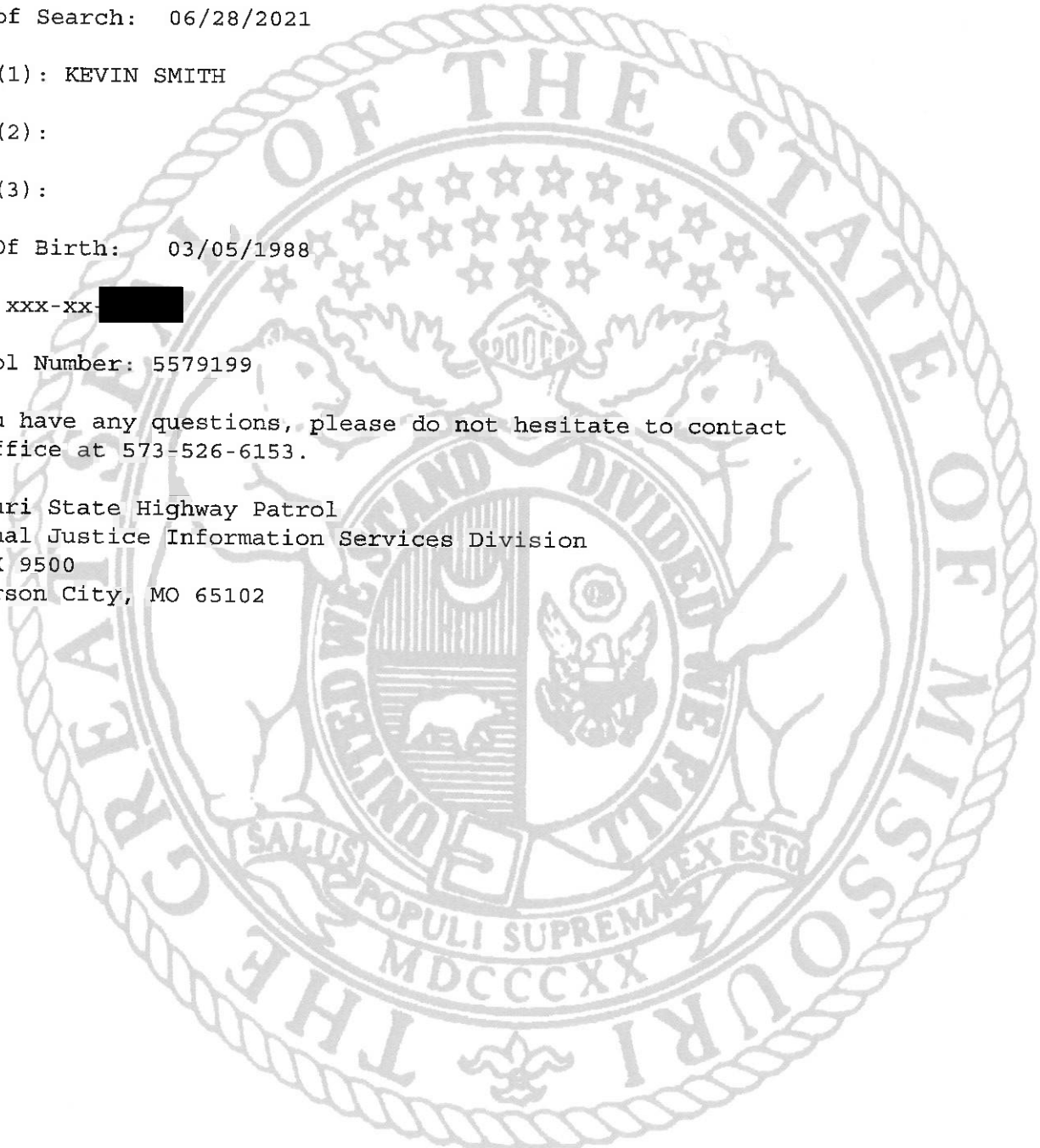
Date Of Birth: 03/05/1988

SSN: xxx-xx-██████

Control Number: 5579199

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 JOINT GOVERNMENTAL TAX PAYMENT RECEIPT

RECEIPT NUMBER: 12460565

Page 1 of 1

Entered: 3/1/2021 12:26 PM

Cashier: bailcar

Printed By: TINOCYN

Interest Date: 3/1/2021

Drawer: 138

Receipt Applied To:

Property Account No.	Year	District	Amount Applied	Unpaid Balance*	Description
204522099	2020	001	\$44.41	\$0.00	Property Tax Principal
	2020	001	\$2.00	\$0.00	Property Tax Interest
	2020	001	\$1.39	\$0.00	Chapter 52 Fee
	2020	001	\$2.32	\$0.00	Chapter 141 Fee
Amount Applied for Tax Year 2020			\$50.12	\$0.00	Unpaid Balance Amount for Tax Year 2020

Agency	Amount
JACKSON COUNTY	\$3.2686
KANSAS CITY LIBRARY	\$3.0193
KANSAS CITY SCHOOL #33	\$26.5337
CITY - KANSAS CITY	\$9.3774
BOARD OF DISABLED SERVICES	\$0.3472
METRO JUNIOR COLLEGE	\$1.1384
MENTAL HEALTH	\$0.5649
STATE BLIND PENSION	\$0.1605

Description of Property:

Make: CHEVROLET

Item Type: AUTO

Model: IMPALA

1st Name on Title: SMITH KEVIN BERNARD JR

Model Series: 4D LS

2nd Name on Title:

Year: 2008 Plate:

Serial No./VIN: 2G1WB58K881304449

Situs Address: 2838 PARK AVE, KANSAS CITY

Total Paid on This Receipt: \$50.12

Thank you for your payment.

Run: 6/24/2021 4:05:11 PM

End of Receipt Number 12460565: 1 Page

[ascend30]

Notes:

*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.

PAYER:

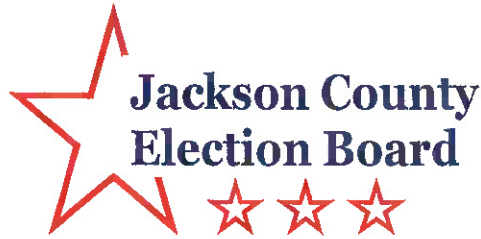
SMITH KEVIN B
3352 SHADY BEND DR
INDEPENDENCE MO 64052

OWNER:

SMITH KEVIN B
3352 SHADY BEND DR
INDEPENDENCE MO 64052

MICHAEL K. WHITEHEAD, CHAIRMAN
VERNON E. SCOVILLE, III, SECRETARY
COLLEEN M. SCOTT, MEMBER
HENRY R. CARNER, MEMBER

TAMMY L. BROWN, DIRECTOR
SARA A. ZORICH, DIRECTOR



215 NORTH LIBERTY
POST OFFICE BOX 296
INDEPENDENCE, MISSOURI 64051
(816) 325-4600
FAX (816) 325-4609

<https://jcebmo.org>

CERTIFICATION OF REGISTRATION

June 21, 2021

This is to certify that **Kevin Bernard Smith** is registered in the **5-06/A** Precinct of **Blue** Township, Jackson County, Missouri having registered on the **7th** of **December, 2018**.

Date of Birth: **3/15/1988**

Address: **3352 Shady Bend Dr Independence, MO 64052**

Signature must be signed in the presence of
Election Board Clerk

Board of Election Commissioners

By

(This certificate is not valid without official seal.)

(Information Given under Oath by person at Time of Registration)

Residency of New Registrant

The person named on this affidavit registered to vote on the date indicated. Residency is not yet verified. The Jackson County Board of Election Commissioners will now verify the residence as provided by law (115.193.1, R.S.Mo.), by the use of a first class, non-forwardable piece of mail.

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

KEVIN SMITH
206 N MAIN ST
INDEPENDENCE, MO 64050-2805

06/08/2021

CERTIFICATE OF NO TAX DUE

RE: Notice Number 2021795590
MISSOURI ID 26791161
SOCIAL SECURITY NUMBER XXX-XX-████████

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 06/08/2021. 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

