



INDEPENDENCE

★ COMMUNITY DEVELOPMENT ★

AFFIDAVIT

Application is hereby being made for a
license to SELL X or
MANUFACTURE _____
RETAIL X WHOLESALE _____
DATE TO BEGIN SALES on approval

X (Hotel) Intoxicating Liquor by
X (Sunday) Drink

Malt Liquor/Wine by

Drink

Malt Liquor by Drink
Intoxicating Liquor by
Package

Malt Liquor/Wine by

Package Malt Liquor by

Package Sunday Sales

Liquor Tasting

Domestic Winery

As Sole Owner _____ Partnership X Corporation _____ LLC _____

Business Name Residence Inn Independence Address 3700 S. Arrowhead Ave. Phone 816-795-6466

1. What type of business is the license for? Hotel with liquor sales
2. Provide dimensions or square footage of the building, outdoor patio and include any other areas in which alcoholic beverages may be stored 24,805 sf
3. Is the proposed location within three hundred feet (300') of any church, school, or hospital building? No
4. From whom was the business purchased? NA - Change of Management Company
5. Date of purchase NA - Change of Management Company Purchase price NA
6. Amount of down payment NA Balance due NA
7. Balance due upon approval or chattel NA
8. Effective date of possession January 15, 2021
9. Name and address of mortgage holder NA - Change of Management Company
Terms of repayment NA
10. Did you assume any debts not listed above in connection with the operation of said business? NA
If so, give full details _____
11. Do you rent or lease the premises for which this business is to be used? No - Management Agreement If so, give terms of rent or lease, and name and address of owner of property See attached Management Agreement
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? None

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? Yes If so, give details CNI THL OPS, LLC, a national investment vehicle for real estate investors, holds several liquor licenses across the United States
14. Does the former owner of the business have any interest, either directly or indirectly, in the business for which you seek a license? No 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 None
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? No
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? NA 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? No 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? Yes

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:

Highgate Hotels GP, LLC, 545 E. John Carpenter Freeway, #1400, Irving TX 75062-3958, 214-393-8630 (0.1%)

Castle Management Borrower, LLC, 545 E. John Carpenter Freeway, #1400, Irving TX 75062-3958, 214-393-8630 (99.9%)

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 DE Date of incorporation or organization 3/12/2007

24. Amount of paid-in capital NA Authorized capital NA

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

Paul Ray Womble, Vice President, 1509 Wessex Road, Roanoke TX 76262

Edward Winslow Martin, III, CFO, 8502 Preston Road, #327, Dallas TX 75225

26. Name and address of Managing Officer _____

Michael B. Hurley, 405 Fairwood Ln, Kirkwood, MO 63122

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

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? Yes If so, give details Highgate Hotels, LP is a major

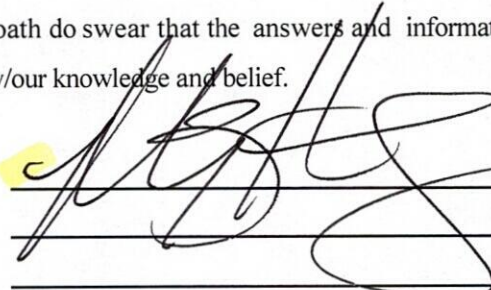
national Hotel Owner and Management Company, and holds many liquor licenses across the United States.

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? Yes If so, give name of such licensee and location of premises The Managing Officer holds other licenses in Missouri, see attached list. The Officers of the applicant, as executives in a national hotel management company, and named on the applications of licenses in other states.
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? No If so, give details _____
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 herein above set out, in the business for which a license is sought and the nature of such interest None
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? No

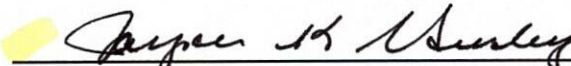
I, or we, (please print) Michael B. Hurley

(Owner, all partners, or Managing Officer must sign below)

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.



Subscribed and sworn to before me, a Notary Public, this 22 day of June, 20 21



Notary Public

My Commission expires:

11-4-2024

JOYCE K. HURLEY
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI
MY COMMISSION EXPIRES NOVEMBER 6, 2024
ST. LOUIS COUNTY
COMMISSION #12550835

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

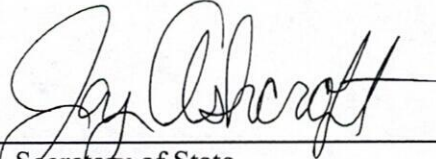
CERTIFICATE OF GOOD STANDING

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

HIGHGATE HOTELS, L.P.
LF1407387

A Delaware entity was created under the laws of this State on 11/18/2020, 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 13th day of April, 2021.


Secretary of State

Certification Number: CERT-IN75549



Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF LIMITED PARTNERSHIP OF "HIGHGATE MANAGEMENT COMPANY (U.S.), LP", FILED IN THIS OFFICE ON THE TWELFTH DAY OF MARCH, A.D. 2007, AT 4:37 O'CLOCK P.M.



4315482 8100

070307576

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5499259

DATE: 03-12-07

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
HIGHGATE MANAGEMENT COMPANY (U.S.), LP**

The undersigned party, having formed a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17 does, this 12th day of March 2007, hereby certify:

1. The name of the limited partnership is Highgate Management Company (U.S.), LP, (the "*Limited Partnership*").

2. The registered office of the Limited Partnership in the state of Delaware is 2711 Centerville Road, Suite 400, in the city of Wilmington. The name of the Registered Agent at such address is: Corporation Service Company.

3. The address of the principal office of the Limited partnership in the United states where records are to be kept is 545 E. John Carpenter Freeway, Suite 1400, Irving, Texas 75062.

The name of the general partner is Grosvenor, L.C. a Texas limited liability company, and the mailing address and street address of the business of such general partner is 545 E. John carpenter Freeway, Suite 1400, Irving, TX 75062.

SIGNED on the date first above written.

GENERAL PARTNER

GROSVENOR, LC
a Texas limited liability company

By: /s/ Mahmood Khimji
Name: Mahmood Khimji
Title: Managing Director

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HIGHGATE MANAGEMENT COMPANY (U.S.), LP", CHANGING ITS NAME FROM "HIGHGATE MANAGEMENT COMPANY (U.S.), LP" TO "HIGHGATE HOTELS, L.P.", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2007, AT 6:13 O'CLOCK P.M.

4315482 8100

070368703



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5545398

DATE: 03-28-07

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:21 PM 03/27/2007
FILED 06:13 PM 03/27/2007
SRV 070368703 - 4315482 FILE

**STATE OF DELAWARE
AMENDMENT TO THE CERTIFICATE OF
LIMITED PARTNERSHIP**

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follow:

FIRST: The name of the Limited Partnership is Highgate Management Company (U.S.), L.P.

SECOND: Article one (1) of the Certificate of Limited Partnership shall be amended as follows: The name of the limited partnership shall be changed to Highgate Hotels, L.P.

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 27th day of March, 2007.

GROSVENOR, L.C., its General Partner

By: /s/ Mahmood Khimji
Name: Mahmood Khimji
Title: Managing Director

Delaware

PAGE 1

The First State

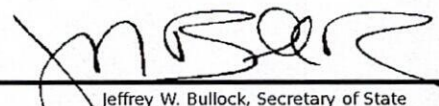
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HIGHGATE HOTELS, L.P.", FILED IN THIS OFFICE ON THE THIRD DAY OF OCTOBER, A.D. 2014, AT 12:48 O'CLOCK P.M.

4315482 8100

141255150

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1752780

DATE: 10-03-14

**STATE OF DELAWARE
AMENDMENT TO THE CERTIFICATE OF
LIMITED PARTNERSHIP**

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

FIRST: The name of the Limited Partnership is HIGHGATE HOTELS, L.P.

SECOND: Article 3 of the Certificate of Limited Partnership shall be amended as follows:

The name and address of the general partner are Highgate Hotels GP LLC, 545 E. John Carpenter Freeway, Suite 1400, Irving, TX 75062.

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 3rd day of October, A.D. 2014.

Highgate Hotels GP LLC, its general partner

By: /s/ Rick D Whitworth

Authorized Person

Name: Rick D Whitworth

Print or Type



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
PO BOX 3300
JEFFERSON CITY, MO 65105-3300

Date: 05/04/2021

MISSOURI BUSINESS TAX REGISTRATION

HIGHGATE HOTELS L.P.
545 E JOHN CARPENTER FWY STE 1400
IRVING, TX 75062-3933

MISSOURI ID: 26583267

Notice Number: 2021165110

Telephone: (573) 751-5860
Fax: (573) 522-1722
Email: businesstaxregister@dor.mo.gov

Use the following codes and rates applicable for each location when remitting sales or use tax to the Department of Revenue. **These rates are effective as of the date of this letter and are subject to change.** All rate changes are effective on the first day of the calendar quarter. For the most recent rate information, visit our website at <http://dor.mo.gov/business/sales/>.

If you require additional information, contact the Department at the above address, telephone number, fax number, or e-mail.

Account Type	Location	Jurisdiction Code	Item Code	Site Code	Rate
SALES LOCATION	3700 ARROWHEAD AVE INDEPENDENCE, JACKSON COUNTY	35000-095-002	0000	0002	8.9750%

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



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-5860
Fax: 573-522-1722
E-mail: businesstaxregister@dor.mo.gov

HIGHGATE HOTELS L.P.
545 E JOHN CARPENTER FWY STE 1400
IRVING, TX 75062-3933

05/04/2021

CERTIFICATE OF NO TAX DUE

RE: Notice Number 2021165108
MISSOURI ID: 26583267

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 05/04/2021. 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: 05/04/2021

RESIDENCE INN INDEPENDENCE
3700 ARROWHEAD AVE
INDEPENDENCE, MO 64057-2600

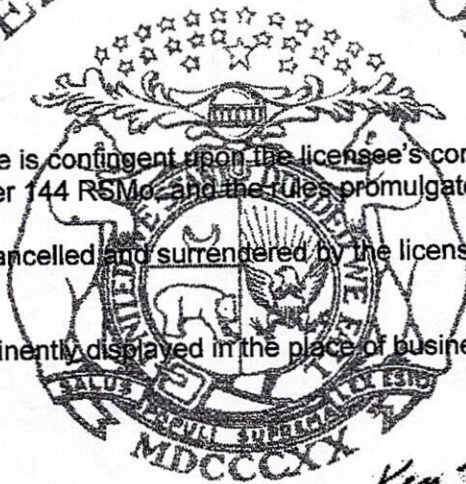
EDWARD MARTIN, LORNA GROVE, PAUL WOMBLE

MISSOURI ID: 26583267

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 Zellars

STATE OF

Director of Revenue

MISSOURI

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: 2021165104



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
PO BOX 357
JEFFERSON CITY, MO 65105-0357

Date: 05/04/2021

MISSOURI BUSINESS TAX REGISTRATION

HIGHGATE HOTELS L.P.
545 E JOHN CARPENTER FWY STE 1400
IRVING, TX 75062-3933

Notice Number: 2021165100

Telephone: (573) 751-5860
Fax: (573) 522-1722
Email: businesstaxregister@dor.mo.gov

The Department of Revenue received your Missouri tax registration application. You have been registered with the Department for the following account type(s) based on the information you provided on your application. You must report each tax or fee on the filing frequency indicated.

Account Type	ID	PIN	Begin Date:	Filing Frequency
SALES TAX	MOID 26583267	5473	03/01/2021	QUARTERLY

Use the Missouri Tax ID Number and PIN listed above when corresponding with the Department concerning your business and when filing any return or report. This is a Missouri Tax ID Number and does not replace your Federal Employer Identification Number or any registration number issued by the Missouri Secretary of State or Missouri Department of Labor and Industrial Relations.

The Department will provide you the applicable forms to file your return(s). If you do not receive a reporting form, download blank returns at <http://dor.mo.gov/forms/>.

For information regarding electronic filing your return(s), visit:
<https://mytax.mo.gov/rptp/portal/home/fileandpaybusinesstaxesonline>. Electronic filing is available 24 hours a day, 7 days a week. Your tax return information is transmitted over secure lines to ensure confidentiality.

If you require additional information, contact the Taxation Division at the above address, telephone number, or e-mail.

Enclosure

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-9268
Fax: 573-522-1265
E-mail: taxclearance@dor.mo.gov

HIGHGATE HOTELS L.P.
545 E JOHN CARPENTER FWY STE 1400
IRVING, TX 75062-3933

DATE: 05/04/2021
VALID THROUGH: 08/02/2021

05/04/2021

CERTIFICATE OF NO TAX DUE

MISSOURI TAX IDENTIFICATION NUMBER: 26583267

To Supervisor of Liquor Control: The Missouri Department of Revenue certifies the above listed taxpayer has filed all required returns and paid all SALES TAX due, including penalties and interest, and does not owe any SALES TAX, as of 05/03/2021. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This certificate is only for the purpose of obtaining a liquor license and is not pursuant to Section 144.150, RSMo.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

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

TAXATION DIVISION



INDEPENDENCE

★ COMMUNITY DEVELOPMENT ★

PERSONAL INFORMATION

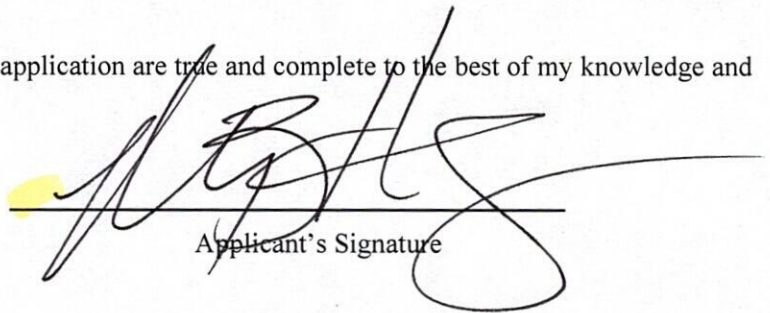
To be completed by the individual owner, all members of a partnership, if a corporation or LLC the Managing Officer and principal corporate officers/members, directors and stockholders holding 10% or more of the stock of the corporation.

- Business Name Residence Inn Independence
- Address 3700 S. Arrowhead Ave, Independence, MO 64057
- Telephone 816-795-6466
1. Name Michael B. Hurley
 2. Home Address 405 Fairwood Ln, Kirkwood, MO 63122
 3. Home Phone No. 314-443-5905 Date of Birth 9/5/1979 State of Birth MO
 4. Social Security No. [REDACTED] Driver's License No. [REDACTED]
 5. Sex M Age 41 Height 5' 11" Weight 215
 6. Are you a citizen of the United States of America? Yes
 7. Wife or husband's name and address Erin Hurley, 405 Fairwood Ln, Kirkwood, MO 63122
 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? No 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 _____
2001 – Present: Hurley & Hurley Inc, Owner/President, 1728 S. Broadway, St. Louis, MO 63104 , Financial Services
 10. Have you ever been the holder of a license to manufacture or sell alcoholic beverages, which was revoked? No
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? Yes
If so, give details See attached.
 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? No If so, give the name of applicant, the approximate date of denial, and details regarding same _____
 13. Have you ever been bankrupt or insolvent? No

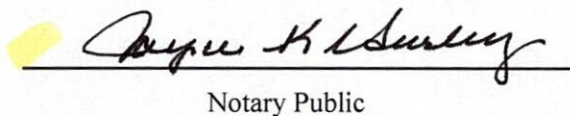
14. Will you at all times permit the entry of any officer or investigator with supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the City Code of Independence, Missouri, and the laws of the State of Missouri; 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? Yes

I, (please print) Michael B. Hurley being of lawful age and duly sworn upon my oath

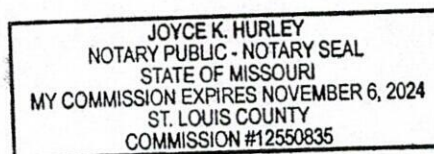
Do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.


Applicant's Signature

Subscribed and sworn to before me, a Notary Public, this 22 day of JUNE, 2021


Notary Public

My Commission expires: 11-6-2024





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: 01/25/2019

Name (1): MICHAEL HURLEY

Name (2):

Name (3):

Date Of Birth: 09/05/1979

SSN: [REDACTED]

Control Number: 4518706

If you have any questions, please do not hesitate to contact our office at 573-526-6312.

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

Michael B. Hurley – drivers license

John M. Williams

MISSOURI

DRIVER LICENSE

Michael B. Hurley

1 HURLEY
2 MICHAEL B
3 405 FAIRWOOD LANE
ST LOUIS, MO 63122

9a END NONE
12 RESTRICTIONS NONE
15 SEX M 17 WGT 215 lb 4a ISS 11/10/2016
16 HGT 5'-11" 18 EYES BRO

4b EXP 09/05/2022
3 DOB 09/05/1979

4 DO 162043150019

DONOR



INDEPENDENCE

★ COMMUNITY DEVELOPMENT ★

PERSONAL INFORMATION

To be completed by the individual owner, all members of a partnership, if a corporation or LLC the Managing Officer and principal corporate officers/members, directors and stockholders holding 10% or more of the stock of the corporation.

Business Name Residence Inn Independence

Address 3700 S. Arrowhead Ave, Independence, MO 64057

Telephone 816-795-6466

1. Name Paul Ray Womble

2. Home Address 1509 Wessex Road, Roanoke, TX 76262

3. Home Phone No. 214-679-8959 Date of Birth 11/4/1963 State of Birth TX

4. Social Security No. [REDACTED] Driver's License No. [REDACTED] - TX

5. Sex M Age 58 Height 5' 8" Weight 225

6. Are you a citizen of the United States of America? Yes

7. Wife or husband's name and address Teresa Calhoun Womble, 1509 Wessex Road, Roanoke, TX 76262

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? No 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 4/2004 - present: Highgate Hotels, 545 E John Carpenter Freeway, Suite 1400 Irving, TX 75062

10. Have you ever been the holder of a license to manufacture or sell alcoholic beverages, which was revoked? No
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? Yes
If so, give details See attached.

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? No If so, give the name of applicant, the approximate date of denial, and details regarding same _____

13. Have you ever been bankrupt or insolvent? No

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? Yes
- _____

I, (please print) Paul R. Womble 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.



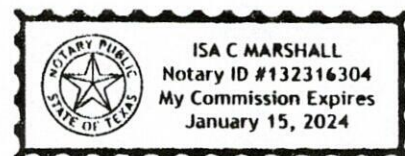
Applicant's Signature

Subscribed and sworn to before me, a Notary Public, this 25 day of May, 2021



Notary Public

My Commission expires: 1/15/2024





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: 04/12/2021

Name (1): PAUL WOMBLE

Name (2):

Name (3):

Date Of Birth: 11/04/1963

SSN: [REDACTED]

Control Number: 5465303

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

Texas

USA
TX

DRIVER LICENSE



4d DL [REDACTED] 9 Class **C**
4a Iss **09/15/2019** 4b Exp **11/04/2025**
3 DOB **11/04/1963**
1 **WOMBLE**
2 **PAUL RAY**

8 **1509 WESSEX RD**
KELLER TX 76262

12 Restrictions **A**

9a End **NONE**

16 Hgt **5'-08"**

15 Sex **M**

18 Eyes **BLU**

5 DD **10619980095115886976**

Paul Ray Womble



INDEPENDENCE

★ COMMUNITY DEVELOPMENT ★

PERSONAL INFORMATION

To be completed by the individual owner, all members of a partnership, if a corporation or LLC the Managing Officer and principal corporate officers/members, directors and stockholders holding 10% or more of the stock of the corporation.

Business Name Residence Inn Independence

Address 3700 S. Arrowhead Ave, Independence, MO 64057

Telephone 816-795-6466

1. Name Edward Winslow Martin, III

2. Home Address 2189 Hidalgo Lane, Frisco, TX 75034

3. Home Phone No. 702-335-5331 Date of Birth 12/18/1964 State of Birth NY

4. Social Security No. [REDACTED] Driver's License No. [REDACTED] - NV

5. Sex M Age 57 Height 6' 1" Weight 210

6. Are you a citizen of the United States of America? Yes

7. Wife or husband's name and address Amanda McKenzie Martin, 2189 Hidalgo Lane, Frisco, TX 75034

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? No 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 6/2019 - present: Highgate Hotels, 545 E John Carpenter Freeway, Suite 1400 Irving, TX 75062
10-2017 - 02-2019: CAO, Golden Entertainment, Inc., 6595 S Jones Blvd, Las Vegas, NV 89118
09-2008 - 10-2017: CFO, American Casino & Entertainment Properties LLC, 2000 S Las Vegas Blvd, Las Vegas, NV 89104

10. Have you ever been the holder of a license to manufacture or sell alcoholic beverages, which was revoked? No
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? Yes
If so, give details See attached.

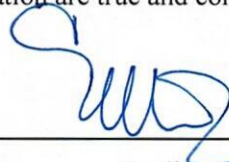
12. Have you, or any member of your household or immediate family, ever made application for any type of liquor license in the State of Missouri which was denied? No If so, give the name of applicant, the approximate date of denial, and details regarding same _____

13. Have you ever been bankrupt or insolvent? No

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? Yes

I, (please print) Edward W. Martin, III 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.



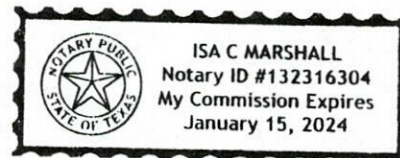
Applicant's Signature

Subscribed and sworn to before me, a Notary Public, this 25 day of May, 2021



Notary Public

My Commission expires: 1/15/2024





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: 04/12/2021

Name (1): EDWARD MARTIN

Name (2):

Name (3):



Date Of Birth: 12/18/1964

SSN: [REDACTED]

Control Number: 5465304

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


 **NEVADA** 

DRIVER LICENSE

1 **MARTIN**
2 **EDWARD WINSLOW, III**
8 **9824 GLENROCK DR**
LAS VEGAS, NV 89134-6715

15 Sex **M** 16 Hgt **6'01"** 17 Wgt **195** 18 Eyes **BRO**
9 Class **C** 9a End **NONE** 19 Hair **BRO** 4a Iss **12/04/2014**
12 Restr **NONE** **DOB: 12/18/1964** **ID: 10482511585**

4d DL NO. **[REDACTED]**
3 DOB **12/18/1964**
4b Exp **12/18/2022**





INDEPENDENCE

★ COMMUNITY DEVELOPMENT ★

MANAGING OFFICER APPOINTMENT

Date 5/25/2021

Highgate Hotels LP _____ has appointed
(Name of Corporation or LLC)

Michael B. Hurley _____ as Managing Officer for the
(Name of Managing Officer)

Corporation or LLC. Michael B. Hurley _____ is an officer or an employee
(Name of Managing Officer)

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

Indicate the actual involvement as Managing Officer: Oversight of the liquor business and licenses

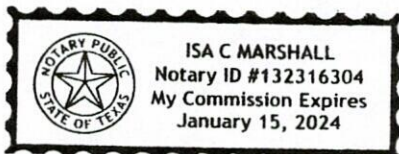
The business operates under the name of Residence Inn Independence

and is located at 3700 Arrowhead Ave, Independence, MO 64057

Signature of Corporate Officer or LLC Member

Subscribed and sworn to before me this 25 day of May 2021.

Notary Public



My Commission expires:

1/15/2024

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 Regulated Industries division be notified.

ST. LOUIS COUNTY, MISSOURI



Personal Property Tax Receipt

This information reflects the tax status for the account and tax year indicated.

This receipt serves as proof of paid personal property taxes and must be submitted when applying for an annual permit or license from St. Louis County.

No Taxes Are Due

Effective 5/5/2021.

Tax Year: 2020
Account Number: I01389582
Account Status: Active
Name: Hurley Michael B & Erin C
Taxing Address: 405 Fairwood Ln
 Saint Louis, MO 63122
School Sub Code: 116WW
City Code: 032
Site Code: 0789
Total Assessed Value: 4,720
Tax Rate: 8.7065
Personal Property Declaration: 2020 declaration has not been received.

Office Use: TP87A258654908S311S05IU0MX 5/5/2021 2:50:54 AM

20 20 I01389582 HUR

Personal Property Tax Paid: I01389582

Tax Year	Tax	Interest	Penalties	Other Charges	Total Tax	Amount Paid	Date Paid
2020	\$410.96	\$8.22	\$8.38	\$61.00	\$488.56	\$488.56	1/13/2021

Vehicles Detail: I01389582 - 2020

Line Number	Reference Number	Year	Make	Model	Type	Product Code	Total Units	Assessed Value Per Unit	Total Assessed Value
1	10	2014	Jeep	Grand Cherokee Lt	Auto	001919	1	4,720	4,720
Total >>									4,720

If you have any questions, please contact the Collection Division at (314)615-5500.

Close Window

Check Your Voter Registration

Yes, Michael Hurley is registered at 405 FAIRWOOD LN ST LOUIS, 63122

Your precinct is BON.BON.001. To view your polling place and a listing of candidates and issues on the next ballot, please visit our [Voter Outreach Portal](#)





INDEPENDENCE

★ COMMUNITY DEVELOPMENT ★

Alcoholic Beverage Code Certification Form

Section 2.05.003.C.4 of the Code prohibits a liquor license holder from displaying or selling any books, photographs, magazines, films, videos, or other periodicals which are distinguished or characterized by their principal emphasis on matters depicting, or describing or relating to specified sexual activity if the licensed premises is located within one thousand (1,000) feet as measured from the nearest property line of a school, church, hospital, public park playground, library, or museum.

Section 5.17.002 of the City's Code defines specified sexual activities to include sexual conduct, being acts of normal or perverted acts of human masturbation; deviate sexual intercourse; sexual intercourse; or physical contact with a person's clothed or unclothed genitals, pubic area, buttocks, or the breast of a female in an act of apparent sexual stimulation or gratification or any sadomasochistic abuse or acts including animals or any latent objects in an act of apparent sexual stimulation or gratification, as such terms are defined in the pornography and related offenses chapter of the Missouri Criminal Code.

CHECK ONE OF THE FOLLOWING

☒ This establishment does **not** display or sell books, photographs, magazines, films, videos or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing or relating to specified sexual activities.

☐ This establishment **does** display or sell books, photographs, magazines, films, videos or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing or relating to specified sexual activities.

Establishments that display explicit sexual material must provide the Regulated Industries Division a current certified survey. The survey needs to show the property lines of any schools, churches, hospitals, public parks, playgrounds, libraries or museums if located within one thousand (1,000) feet of the establishment. The certified survey must be received in the License Division within sixty (60) days of the date of this letter.

Business Name Residence Inn Independence

Address 4700 Arrowhead Ave, Independence, MO 64057

Signature:

Print Name: Michael B. Hurley

Title: Managing Officer

Date: _____