

#100365

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 ☐ Corporation				
BLUE R 3421 XX LLC				
Legal Name of Entity Type of Business				
Carmen's Cantina & Mexican Grill				
Doing Business as (d/b/a) (if different than above)				
3421 S BIVE RIDGE CUTOFF INDEPONDENCE MO 64055 Physical Address City State Zip 705 B SE MELODY LANE LEES SUMMIT MO 64063				
Physical Address City State Zip				
705 B SE MELODY LANE LEES SUMMIT MO 64063				
Mailing Address (if different from above)				
Phone Cell Phone Email				
Phone Cell Phone Email				
MO GT 8th 2021 APPLIED FOR				
State & Date of Incorporation or Organization Missouri Retail Sales Tax Number				
DEC ST OR ASAP FEIN 873018748				
Date business scheduled to open SALES TAY 27069796				
Give dimensions or square footage of the building, outdoor patio, and any other areas in which alcoholic beverages				
may be stored or dispensed: 6, 300				
Is the proposed location within 300 feet of a church, school, or hospital?				
Proposed hours of operation: 5 1/8 -M T W TH 1/9 FRI SaT 11/10				
If existing business, from whom was the business purchased?				
Date of purchase: NA Date of Possession: NA				
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:				
LANDLORD ANASTACIO MARQUEZ				
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.				
Som MILWEE I (JIENN MOILWEE				
Signature of Applicant OFFICER Printed Name				
MANAGING 11-5-21				
Title Date				



Liquor License

Application Form

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

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.

	Pac	Rage 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)
	Drir	nk 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)
4	D/	R1 – Restaurant Selling Intoxicating Liquor (\$450.00)
-	Z	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)
	X	Z1 – Consumption of Intoxicating Liquor (\$150.00)
1	1	S – Sunday Sales (\$300.00)
4	4	
	Mai	nufacturing, 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)
	500000000000000000000000000000000000000	
	ACC-00000000000000000000000000000000000	olesale 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)
	C	stal than and
		cial 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 th 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)

City of Independence

Date: 11/5/2021 2:58 PM

ID: counter

Batch: 26699

Trans #: 18

Batch Date: 11/5/2021 18 09396553

Receipt:

Acct:

Name: Carmen's Cantina R1, R2, Z1, S quor License \$1,050.00 CK 1511 \$1,050.00 Total Paid: \$1,050.00

Liquor License CK 1511

Thank you for your payment. Have a nice day!

www.ci.independence.mo.us 816-325-7930

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Liquor License

Application Form

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

Partnership or iviember 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
GLENN M MCILWEE 9175E5th TERRACE LEES SUMMIT MO 64063
LLUVINA REYES
3420 ANDERSON AVE KANSAS GITY MO 64123 50%
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: GLENN MCILWES I
Vice President: LLUVINA REYES
Secretary:
Treasurer:
Managing Officer:
Names, address, and phone number of shares owned of all stockholders who hold 10% or more of the capital stock:
GLENN METHOLE 50% 91758 5+ TERR 1885 Summit MR 640
LIUVINA REYES 50% 917 SEST TERR LEES SUMMIT MG 64123
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:
GLENN MOILWEE MRE 3663 LLC
carmen's Contina & Mexican Griu- LEES Sumit No 64063
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.
O I certify this establishment <u>will</u> 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.



Liquor License Application Form

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

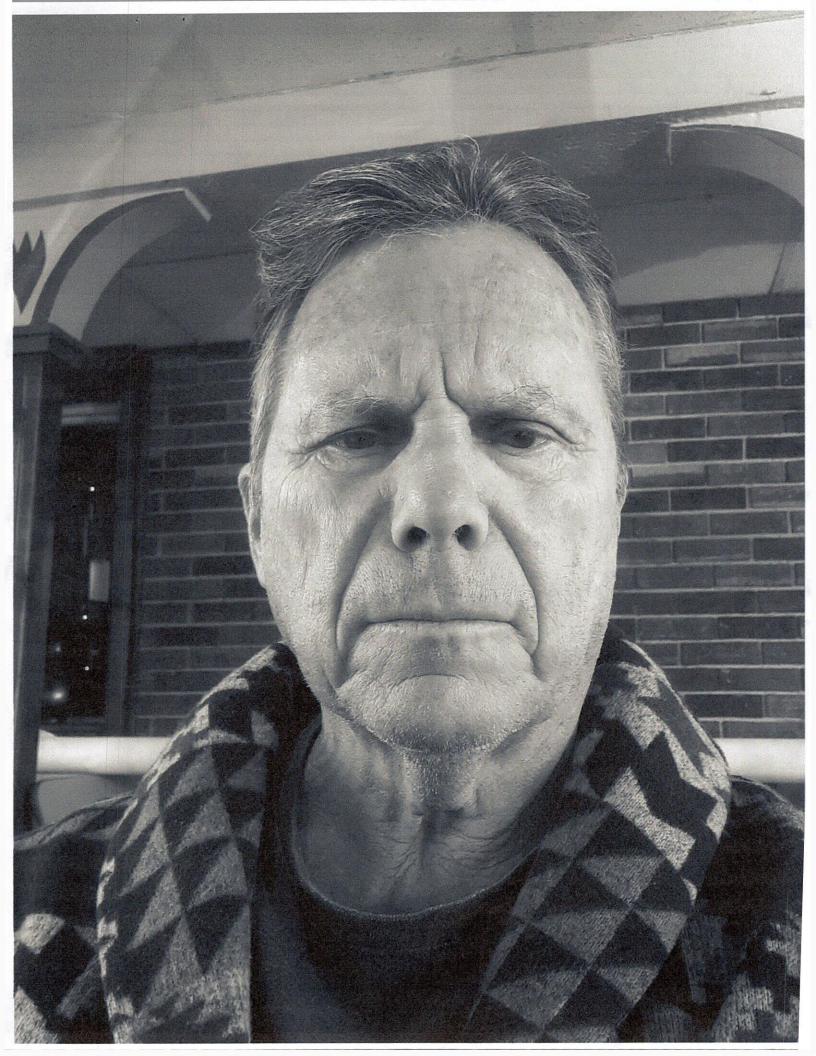
com

Age Height Weight Date of Birth Place of Birth Are you a U.S. Citizen 9.7 SE 5th TERRACE LOSS Sympton (54) 63 Home Address City State Zip Place of Employment (other than business) Employment Phone Email 342 S BLE RIDGE GOOFF TADE PENDENCE MO 64155 Employment Address City State Zip City or Town where the Managing Officer, Sole Owner, or Managing Partner pays taxes: LEES SUMMED MONEY OF TADE PROPERTY OF THE STATE	Managing Officer, Sole Owner, or Managing Partner Information				
Age Height Weight Date of Birth Place of Birth Are you a U.S. Citizen 9.7 SE 5th TERRACE LEGS Sympton Mount of Liquor Control that was denied? If so, explain and provide approximate date of denial: 74 S 10 170 P9-23-47 Kaush Six X 5 YES 75 Sex Age Height Weight Date of Birth Place of Birth Are you a U.S. Citizen 6.40 63 State Zip 6.40 63 Email 6.40 65 Employment Phone Email 6.40 65 Email 6.40 64 Email 6.40 64 Email 6.40 64 Email 6.40 65 Email 6.40 64 Email 6.40	GLENN MARSHALL MEILWEE I				
Sex Age Height Weight Date of Birth Place of Birth Are you a U.S. Citizen 917 SE STRACE LOS SYNNT NO 64063 Home Address City State Zip NA CAMPENS CANTING 27 gmail Place of Employment (other than business) Employment Phone Email 342 S BLE RIDGE COOFF TWDE PLACE NO 64655 Employment Address City State Zip City or Town where the Managing Officer, Sole Owner, or Managing Partner pays taxes: LEES SUMMIT NO Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): XES 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	Full Name Social Security Number				
Home Address City NA Carmeta's cantina 25 gmail Place of Employment (other than business) Employment Phone Email 3 + 2 1 5 BLUE RIDGE City or Town where the Managing Officer, Sole Owner, or Managing Partner pays taxes: LEES Summat Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Will this person be					
Place of Employment (other than business) Employment Phone Email 3421	Sex Age Height Weight Date of Birth Place of Birth Are you a U.S. Citizen				
Place of Employment (other than business) Employment Phone Email 3+2/5 BLVE RIDGE COTOFF INDERENDENCE MO 64455 Employment Address City State Zip City or Town where the Managing Officer, Sole Owner, or Managing Partner pays taxes: LEES SUMMIT MO Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): XES 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	917 SEST TERRACE LOSS SYMMIT MO 64063				
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Will this person be in active control and management of this business? Please explain (part-time) full-time, etc.): Section					
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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	Director of Liquor Control that was denied? If so, explain and provide approximate date of denial:				
	NO				
and address of property owner:					
3 XRS (FROM 10-15-21) ANASTACIÓ MARQUEZ	and address of property owner: 3 XRS (FROM 10-15-21) ANASTACIÓ MARQUEZ				
3 XRS (FROM 10-15-31) ANASTACIO MARQUEZ W 5 YR OPTION 2417 SW RUSTIC RD LOGS SUMMIT MO 64082	W SYR OPTION 2417 SW RUSTIC RD LOS SUMMIT MO 64082				

I am wishing to obtain a liquor license for the purpose of opening a Mexican restaurant located at 3421 S Blue Ridge Cutoff, Independence Mo 64055 and being able to sell beer, wine, and mixed drinks, (this was previously a Mexican restaurant licensed to sell alcoholic beverages.) I currently have a liquor license at another restaurant located in Lee's Summit Mo going back six years. This license is under my name, Glenn McILwee II, and the LLC is MRE 3663 LLC.

Glenn McILwee II

Hamme Dura T





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: 11/03/2021

Name (1): GLENN MCILWEE

Name (2):

Name (3):

Date Of Birth:

SSN:

Control Number: 5744520

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: 12524259

Entered:

6/16/2021 8:59 AM

Interest Date: 5/31/2021

Page 1 of 1

Cashier:

osbopau

Printed By: LSSMD1

Drawer: 105

Receipt Applied To:

Property Account No.

Year District

Amount Applied

Unpaid Balance* Description

61-510-05-01-00-0-00-000

2020 049

\$1,351.74

Amount Applied for Tax Year 2020

\$1,351.74

\$0.00 Unpaid Balance Amount for Tax Year 2020

\$0.00 A/V Principal-Residential

Agency	Amount	
JACKSON COUNTY	\$99.2601	
MID-CONTINENT LIBRARY	\$60.0434	
LEES SUMMIT SCHOOL R-VII	\$888.7105	
CITY - LEES SUMMIT	\$236.5833	
BOARD OF DISABLED SERVICES	\$10.5433	
METRO JUNIOR COLLEGE	\$34.5704	
MENTAL HEALTH	\$17.1553	
STATE BLIND PENSION	\$4.8737	

Situs Address:

917 SE 5TH TER, LEES SUMMIT

Legal Description: BAY BERRY

LOT 15

Total Paid on This Receipt:

\$1,351.74

Senior Citizen Pay Plan

Run: 11/3/2021 12:43:06 PM

End of Receipt Number 12524259: 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:

MCILWEE GLENN M II & CARMEN R 917 SE 5TH TER LEES SUMMIT MO 64063

OWNER:

MCILWEE GLENN M II & CARMEN R 917 SE 5TH TER LEES SUMMIT MO 64063

ID No. 4237657

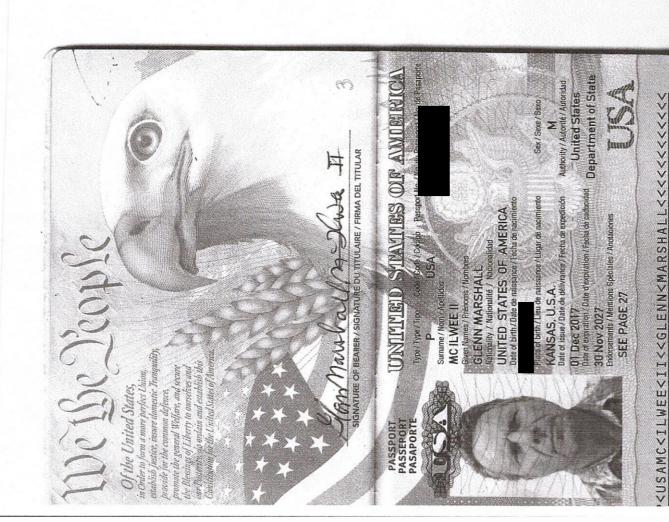
MCILWEE II GLENN M

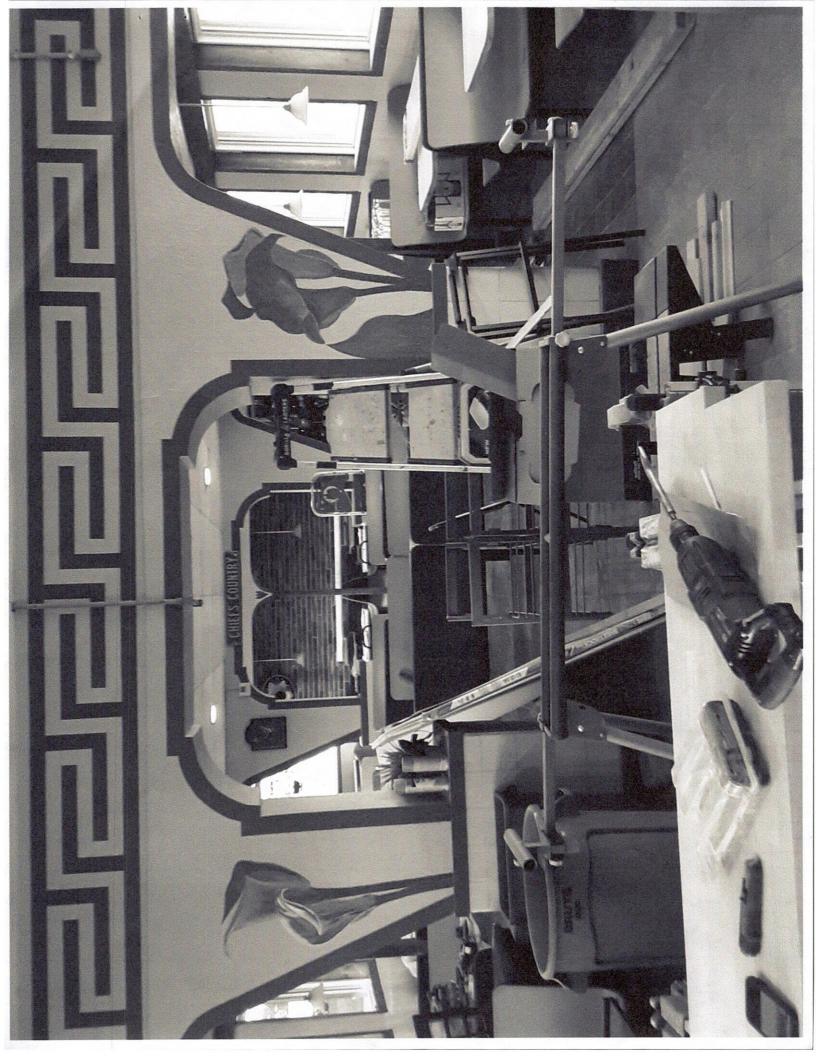
MCILWEE II GLENN M

TWP PCT CON SEN REP CO CTY

TWP PCT CON SEN REP CO CTY

JACKSON COUNTY
BOARD OF ELECTION COMMISSIONERS
P.O. Box 296 · Independence, MO 64051 · 325-4600
VOTER NOTIFICATION CARD
*PLEASE KEEP THIS CARD



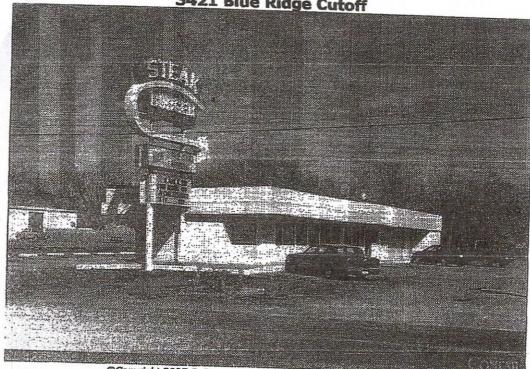




Test

http://connect.costar.com/Connect/MasterPage/PopUpHost.aspx?Pr...

3421 Blue Ridge Cutoff



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BED S BLUFTHOOME STORED OF CASE STORAGE MEXICAN (SPILL LIGUOR CARPELS GAVINA 17-OFFICE-3 5 ± 11- KEG ERA DOR 12- UNDER COUNTY OF FRIDEE 5 3 2 10- FOC NAIN PACKINE 4-CASN RTG159 ER 13-TABLES 16- COUSERS 3 DOOR - 5-100 E 15- BAR 1 DOOR 5 2-REFRIJGERATOR 4 -ChIPMACNINE 3-PHTE MEATER STEAT TAINE 7 DSSOFALER 6- (SAILL 5-SINK 0

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

BLUE R 3421 LLC LLUVINA REYES 3420 ANDERSON AVE KANSAS CITY, MO 64123-1604

11/01/2021

CERTIFICATE OF NO TAX DUE

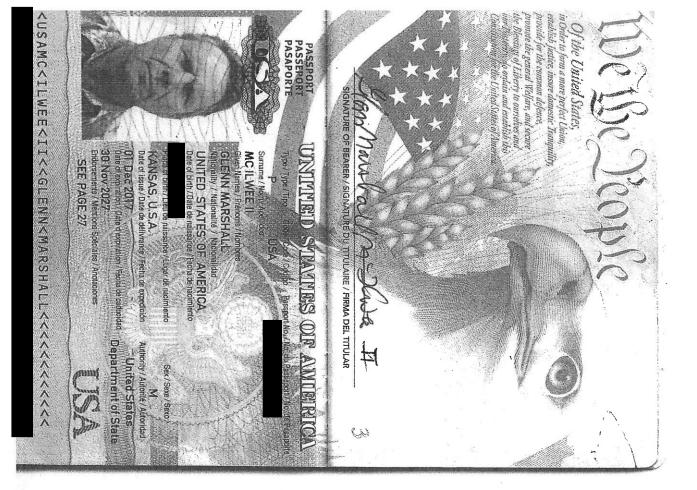
RE: Notice Number 2024988757 MISSOURI ID: 27069796

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 11/01/2021. 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



JACKSON COUNTY
BOARD OF ELECTION COMMISSIONERS
P.O. Box 296 • Independence, MO 64051 • 325-4600
VOTER NOTIFICATION CARD
'PLEASE KEEP THIS CARD'

MCILWEE II GLENN M
917 SE 5TH TER
LEES SUMMIT, MO 64063

TWP PCT CON SEN REP CO CTY
PR 05A 6 8 35 6 1

ID No. 4237657



Liquor License Application Form

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

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

- 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.
- 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.