

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 |
| Natural Hotel Group LC. Hotel motel, |
| Legal Name of Entity Type of Business |
| Clarion Pointe. |
| Doing Business as (d/b/a) (if different than above) |
| Physical Address City State Zip |
| |
| Same. |
| Mailing Address (if different from above) |
| Phone Cell Phone Email |
| Phone Cell Phone Email |
| mo 26282674. |
| State & Date of Incorporation or Organization Missouri Retail Sales Tax Number |
| 11/01/2021 |
| Date business scheduled to open |
| Give dimensions or square footage of the building, outdoor patio, and any other areas in which alcoholic beverages |
| |
| Is the proposed location within 300 feet of a church, school, or hospital? 2 miles and an |
| is the proposed location within 300 feet of a church, school, or hospital? |
| Proposed hours of operation: 24 |
| If existing business, from whom was the business purchased? New Hotel. |
| Date of purchase: 882 Date of Possession: 8/8/21 Business is co |
| 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: |
| No, its my clarion fointe tranchise requested to have |
| No, its my clarion Pointe franchise Requested to have bear tobe sell at front lobby at my hotel, |
| |
| 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 Printed Name |
| Signature of Applicant Printed Name |
| owner 12/02/2021 |
| Title Date |



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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.

| | | ckage Liquor Licenses |
|-----|----------|--|
| | A | P1 – Retail Selling of Intoxicating Liquor of all kinds in the original package (\$150.00) |
| _ | <u> </u> | 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) |
| | | |
| | Dri | 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) |
| | | 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) |
| ~ (| _ | |
| | 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) |
| | | |
| | Who | plesale 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) |
| | Sner | cial Licenses |
| | | S1 – Microbrewery (\$7.50 per 100 barrels produced) |
| | 1000 | S2 – Domestic Winery (\$7.50 per 500 gallons produced) |
| | | S4 – Picnic 7 Day Intervienting Ligurer buth a District Const. |
| | | 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) |



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

| Managing Officer, Sole Owner, or Managing Partner Information |
|--|
| Ritesheuman Patel. |
| Full Name Social Security Number |
| M 42 5:4 125 04 0/182. India. Yes. Sex Age Height Weight Date of Birth Place of Birth Are you a U.S. Citizen |
| Sex Age Height Weight Date of Birth Place of Birth Are you a U.S. Citizen |
| Home Address City Mo 64029, State Zip |
| Home Address City State Zip |
| Place of Employment (other than business) Employment Phone Email |
| Place of Employment (6ther than business) Employment Phone Email |
| Employment Address City State Zip |
| Employment Address City State Zip |
| City or Town where the Managing Officer, Sole Owner, or Managing Partner pays taxes: |
| Independence. |
| TWOMPENGON CE. |
| Will this person be in active control and management of this business? Please explain (part-time/full-time, etc.): |
| |
| yes I'm the owner & manager |
| 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): |
| HO, |
| 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: |
| Rent for nightley Room its hotel, |



Liquor License
Application Form

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

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: |
| N/A. |
| 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: |
| NIA |
| 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: |
| NIA |
| 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: |
| NIA, |
| Alcoholic Beverage Code Certifications – Adult Materials |
| I certify this establishment <u>will not</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. |
| 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. |

April 2021



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 <u>less than</u> 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.

A recent photo of the Managing Officer.

V. 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.

Copy of the Managing Officer's paid Missouri personal property tax receipt for year immediately preceding the date of application.

Copy of Missouri voter registration card for the Managing Officer.

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.

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.

clarion pointe.



O letter of Explanation:

This application is submitted for Liquor License for our frinchise required to Sell Bears in our 6 bby which is choice Hotel do-clarion pointe, we only sell to our hotel guest only and No Hazed Liquor only Bears and wine,

F Floorplan of the premises

Its going to be put up in our office lobby behind the office and I have sent Piture of machine and Interior 4 Exterior its space will use 8×3.

pagenty

Missouri

DRIVER LICENSE



4b EXP 07/01/2026

9 CLASS F 46 EXP 07/44 DL NO 3 DOE 1 PATEL 2 RITESHKUMAR KANTILAL 8 105 SUNNY LANE DRIVE GRAIN VALLEY, MO 64029

9a END NONE 12 RESTRICTIONS NONE 15 SEX M 17 WGT 130 Ib 4a ISS 08/14/2019 16 HGT 5'-06" 18 EYES BRO

5 DD 191362260087



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: 11/30/2021

Name (1): RITESHKUMAR PATEL

Name (2):

Name (3):

Date Of Birth:

SSN:

Control Number: 5774280

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

Property Account Summary



Links:

Segregation/Merge Data

Where are my tax dollars going?

| Parcel ID | 207 | 617260 | Prope | erty Ad | dress: | L05 | SUNNY SIDE | LN, C | SRAIN | VALLEY, MO | 64029 | |
|----------------------|---------|-----------|----------|---------------|------------|----------|--|--------------|---|-----------------------------|--|--|
| General I | nform | ation | | | | | | | | | | |
| Property Description | | | | | | | | | | | | |
| Property Category | | | | | Personal P | rope | erty Account | | | | | |
| Status | | | | Active, Loc | ally | Assessed | | | | | | |
| Tax Code Area | | | 045 | | | | | | | | | |
| Remarks | | | | | | | | | | | | |
| Property | Chara | cteristic | s | | | | | | | | | |
| No Propert | y Char | acteristi | cs Found | | | | | | | | | |
| Parties | | | | | | | | | | | | |
| Role | | | | | Percent | Name | | 1 | Address | | | |
| Taxpayer | | | | | 100 | RIT | TEL TESHKUMAR NTILAL | | 105 SUNNY LANE DR, GR VALLEY, MO 64029 | | The second secon | |
| Owner | | | | | 100 | RIT | PATEL RITESHKUMAR KANTILAL 105 SUNNY LANE DR, GRAVALLEY, MO 64029 | | | CONTRACTOR OF THE PROPERTY. | | |
| Property | Value | s | | | | | | | | | | |
| Value Typ | | | | - | Tax Ye | ar 21 | Tax Year Tax 2020 | | Year 2019 | Tax Year 2018 | Tax Yea | |
| Taxable Value Total | | | 151 | 90 | 9315 | | | | | | | |
| Assessed Value Total | | | 151 | 90 | 9315 | | 0 | | | | | |
| Motor Ve | hicle A | ccount | Asset I | nvento | ry | | | | | | | |
| Item Type | ake | Model | Series | Model Year | Item ID | | | ate umber | | | Name on Title 2 | |

| TRUCK | тоуота | C-HR | 4D XLE 2WD I4 | 2020 | JTNKHMBX1L1072421 | PATEL RITESHKUMAR KANTILAL | |
|-------|--------|--------|------------------------|------|-------------------|----------------------------------|--------------------|
| TRUCK | ТОҮОТА | SIENNA | 5D SE V6 | 2019 | 5TDXZ3DC7KS966663 | PATEL RITESHKUMAR KANTILAL | BHAKT CHANDRESH |

Active Exemptions

No Exemptions Found

Tax Balance

"If you wish to pay your property taxes on-line now, click here (https://payments.jacksongov.org/) to use myJacksonCounty (https://payments.jacksongov.org/) powered by PayIt."

If you wish to pay your property taxes by mail, please make checks payable to: "Jackson County Collector". Be sure to include the Parcel Account number(s) on your payment and send to: Jackson County Collector, 415 E. 12th Street, Suite 100, Kansas City, MO 64106.

For any questions or assistance, please contact the Taxpayer Services Unit at (816) 881-3232.

NOTICE: Telephones are staffed during regular business hours (8am to 5pm, Monday through Friday, excluding holidays observed by Jackson County).

Installments Payable

| Tax Year | Installment | Due Date | Principal | Interest, Penalties and Costs | Total Due | Cumulative Due | |
|-------------|-------------|------------|------------|----------------------------------|------------|-------------------|--|
| 2021 | 1 | 12/31/2021 | \$1,449.76 | \$0.00 | \$1,449.76 | \$1,449.76 | |

View Detailed Statement (statement.aspx) Detailed information about taxes and all other charges displayed above. Calculate Future Payoff (futurepayoff.aspx) Taxes, interest, penalies and fees due on a specific future date.

| Calculate Future Payoff (futurepayoff.aspx) Taxes, interest, penalies and fees di | ue on a specific future date. |
|---|-------------------------------|
| Distribution of Current Taxes | |
| District | Amount |
| BOARD OF DISABLED SERVICES | \$10.07 |
| CITY - GRAIN VALLEY | \$220.16 |
| FIRE DISTRICT - CENTRAL JACKSO | \$204.15 |
| GRAIN VALLEY SCHOOL R-V | \$748.30 |
| JACKSON COUNTY | \$88.47 |
| MENTAL HEALTH | \$16.36 |
| MID-CONTINENT LIBRARY | \$52.68 |
| STATE BLIND PENSION | \$4.57 |
| JACKSON COUNTY | \$105.00 |

| Receipts | | | | | | | | |
|---------------------|---|---------------|--|----------|--------|--|--|--|
| Date | Receipt No. | Applied to | Amount Due for Parcels Selected | Receipt | Change | | | |
| 12/30/2020 14:17:00 | 12351060 (ReceiptDetail.aspx? receiptnumber=12351060) | \$941.02 | \$941.02 | \$941.02 | \$0.00 | | | |

Printable Version

REMINDER:

This application is for research purposes only and cannot be used to pay taxes. To pay your taxes, Click here (https://payments.jacksongov.org/). Occasionally, the parcel number for a real estate parcel changes, due to a parcel segregation or merge. In such a case, a search of the new parcel number may not reflect tax delinquency or a full tax history concerning that parcel. You may wish to contact us to obtain that information. Or, you may wish to search all relevant parcel numbers of parcels involved in such a segregation or merge. Click here (http://www.jacksongov.org/570/Parcel-SegregationMerge-Search) to begin a search on this website to see if a parcel was involved in a segregation or merge occurring within the past five years and to see a list of parent parcel(s) and child parcel(s) involved.

NOTE: Information concerning a segregation or merge occurring more than five years prior to the search is not available on this website.

Developed by Aumentum Technologies. @2005-2020 All rights reserved. Version 4.5.0.0 RITESHKUMAR PATEL, please review your personal information below. Contact Us for change instructions.

Address: 105 SUNNY LANE DR GRAIN VALLEY, MO 64029

Precinct: SN-42A

There is no upcoming election in your area.

Your precinct includes these districts:

- SNI-A-BAR TOWNSHIP
- US Representative District 6
- State Senate District 8
- State House District 32
- 5TH COUNTY LEGISLATIVE
- CITY OF GRAIN VALLEY
 GRAIN VALLEY WARD 3
- R-5 SCHOOL
- CENTRAL JACKSON FIRE DISTRICT
- MID CONTINENT PUBLIC LIBRARY DIST

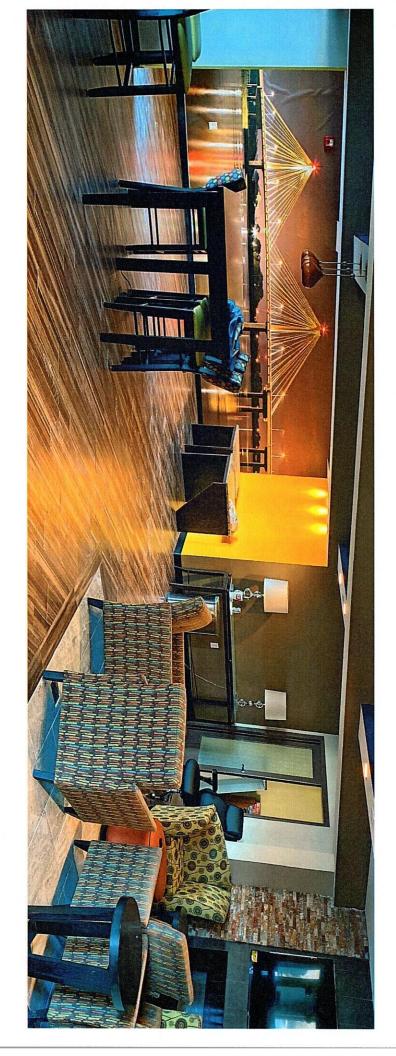
Print



Clarion Points 4048 S Lynn court Dr. Independence, MO-64055, Subject! office floor plane for you'me lineen, Cooler Grest Snacks, Rooms Bothroom Fire system clarion Points かかっ ITV. lobby

Enterance's







TAXATION DIVISION P O 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

NATURAL HOTEL GROUP LLC 4048 S LYNN CT DR INDEPENDENCE, MO 64055

December 9, 2021

RE: NATURAL HOTEL FGROUP LLC
MISSOURI TAX IDENTIFICATION NUMBER: 26282674

Dear Sir or Madam:

Thank you for contacting the Missouri Department of Revenue. This is in response to your request for a Certificate of No Tax Due on the above referenced business.

Enclosed please find the requested certificate.

TAXATION DIVISION

ENC.

RS: DU4009

CBN020 202134300300160

Property Account Summary



Links:

Segregation/Merge Data Where are my tax dollars going?

Parcel ID: 33-230-01-60-00-0-00-000

Property Address:

4048 S LYNN COURT DR , INDEPENDENCE, MO 64055

| General | Information |
|---------|-------------|
| | |

Property Description

REICH COMMERCIAL SUBLOT 4 EX TH PT DAF: BEG NW COR SD LOT TH E ALG S ROWLI 75' TH CONT ELY 150' TH 168.36' TH SWLY 9.42' THNWLY 231.68' TH N 173.50' POB

Property Category Land and Improvements

Status Active, Host Other Property, Locally Assessed

Tax Code Area

Remarks From Conversion

Property Characteristics

Property Class

2010

Parties

| Role | Percent | Name | Address |
|----------|---------|-------------------------------|---|
| Taxpayer | 100 | NATURAL HOTEL GROUP LLC | 105 SUNNY LANE DR, GRAIN VALLEY, MO 64029 |
| Owner | | NATURAL HOTEL GROUP LLC | 105 SUNNY LANE DR, GRAIN VALLEY, MO 64029 |

Property Values

| Value Type | Tax Year 2021 | Tax Year 2020 | Tax Year 2019 | Tax Year 2018 | Tax Year 2017 |
|----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Market Value Total | 1595000 | 1594986 | 1594986 | 1288772 | 1288772 |
| Taxable Value Total | 510400 | 510396 | 510396 | 412407 | 412407 |
| Assessed Value Total | 510400 | 510395 | 510395 | 412407 | 412407 |

Motor Vehicle Account Asset Inventory

| Item | Make | Model | Sarios | Model | Item | Plate | Name on | Name on |
|------|------|--------|--------|-------|------|--------|---------|---------|
| Туре | Hake | Plouei | Series | Year | ID | Number | Title 1 | Title 2 |

No Vehicle Account Assets Found

Active Exemptions

No Exemptions Found

Tax Balance

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(https://payments.jacksongov.org/) to use myJacksonCounty

(https://payments.jacksongov.org/) powered by PayIt."

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NOTICE: Telephones are staffed during regular business hours (8am to 5pm, Monday through Friday, excluding holidays observed by Jackson County).

Installments Payable

| Tax Year | Installment | Due Date | Principal | Interest, Penalties and Costs | Total Due | Cumulative Due |
|-------------|-------------|------------|-------------|-------------------------------------|-------------|-------------------|
| 2021 | 1 | 12/31/2021 | \$45,019.32 | \$0.00 | \$45,019.32 | \$45,019.32 |

View Detailed Statement (statement.aspx) Detailed information about taxes and all other charges displayed above.

Calculate Future Payoff (futurepayoff.aspx) Taxes, interest, penalies and fees due on a specific future date.

Distribution of Current Taxes

| District | Amount |
|----------|--------|
| 21361166 | Amount |

| BOARD OF DISABLED SERVICES | \$338.40 |
|----------------------------|-------------|
| CITY - INDEPENDENCE | \$3,114.97 |
| INDEPENDENCE SCHOOL #30 | \$27,750.96 |
| JACKSON COUNTY | \$2,972.57 |
| MENTAL HEALTH | \$549.70 |
| METRO JUNIOR COLLEGE | \$1,035.09 |
| MID-CONTINENT LIBRARY | \$1,770.07 |
| STATE BLIND PENSION | \$153.12 |
| REPLACEMENT TAX | \$7,334.45 |
| | |

| Receipts | | | | | |
|------------------------|---|--------------------------------|---------------------------------------|------------------|--------|
| Date | Receipt No. | Amount Applied to Parcel | Amount Due for Parcels Selected | Receipt Total | Change |
| 06/07/2021 09:01:00 | 12521035 (ReceiptDetail.aspx? receiptnumber=12521035) | \$193,155.94 | \$193,155.94 | \$193,155.94 | \$0.00 |
| 04/29/2020 10:54:00 | 11924675 (ReceiptDetail.aspx? receiptnumber=11924675) | \$62,567.05 | \$62,567.05 | \$62,567.05 | \$0.00 |
| 01/04/2017 00:00:00 | 10124678 (ReceiptDetail.aspx? receiptnumber=10124678) | \$35,257.87 | \$35,257.87 | \$35,257.87 | \$0.00 |
| 12/07/2015 13:08:00 | 9259008 (ReceiptDetail.aspx? receiptnumber=9259008) | \$35,213.81 | \$35,213.81 | \$35,213.81 | \$0.00 |
| 12/04/2014 11:46:00 | 8692727 (ReceiptDetail.aspx? receiptnumber=8692727) | \$46,612.17 | \$46,612.17 | \$46,612.17 | \$0.00 |
| 01/06/2014 00:00:00 | 8451239 (ReceiptDetail.aspx? receiptnumber=8451239) | \$46,697.61 | \$46,697.61 | \$46,697.61 | \$0.00 |
| 01/04/2013 00:00:00 | 7901606 (ReceiptDetail.aspx? receiptnumber=7901606) | \$46,472.97 | \$46,472.97 | \$46,472.97 | \$0.00 |

| 01/03/2012 00:00:00 | 7342810 (ReceiptDetail.aspx? receiptnumber=7342810) | \$46,012.65 | \$46,012.65 | \$46,012.65 | \$0.00 |
|------------------------|---|-------------|-------------|-------------|--------|
| 01/04/2011 00:00:00 | 6795330 (ReceiptDetail.aspx? receiptnumber=6795330) | \$56,258.42 | \$56,258.42 | \$56,258.42 | \$0.00 |
| 01/04/2010 00:00:00 | 6231021 (ReceiptDetail.aspx? receiptnumber=6231021) | \$55,160.97 | \$55,160.97 | \$55,160.97 | \$0.00 |
| 01/05/2009 00:00:00 | 5681743 (ReceiptDetail.aspx? receiptnumber=5681743) | \$53,637.31 | \$60,932.60 | \$60,932.60 | \$0.00 |
| 01/14/2008 10:32:00 | 5155928 (ReceiptDetail.aspx? receiptnumber=5155928) | \$53,540.99 | \$60,822.52 | \$60,822.52 | \$0.00 |
| 01/04/2007 00:00:00 | 4574548 (ReceiptDetail.aspx? receiptnumber=4574548) | \$72,116.11 | \$72,116.11 | \$72,116.11 | \$0.00 |
| 01/09/2006 00:00:00 | 4046983 (ReceiptDetail.aspx? receiptnumber=4046983) | \$72,085.82 | \$72,085.82 | \$72,085.82 | \$0.00 |
| 01/03/2005 00:00:00 | 3490288 (ReceiptDetail.aspx? receiptnumber=3490288) | \$71,233.31 | \$71,233.31 | \$71,233.31 | \$0.00 |
| 01/05/2004 00:00:00 | 2977571 (ReceiptDetail.aspx? receiptnumber=2977571) | \$68,662.27 | \$68,662.27 | \$68,662.27 | \$0.00 |
| UU.UU.UU | 2443198 (ReceiptDetail.aspx? receiptnumber=2443198) | \$65,667.07 | \$65,667.07 | \$65,667.07 | \$0.00 |
| 01/18/2002 12:00:00 | 1955118 (ReceiptDetail.aspx? receiptnumber=1955118) | \$76,428.80 | \$76,428.80 | \$76,428.80 | \$0.00 |
| 12:00:00 | 1328464 (ReceiptDetail.aspx? receiptnumber=1328464) | \$71,769.60 | \$71,769.60 | \$71,769.60 | \$0.00 |
| 12:00:00 | 781771 (ReceiptDetail.aspx? receiptnumber=781771) | \$71,769.60 | \$71,769.60 | \$71,769.60 | \$0.00 |

Printable Version

REMINDER:

This application is for research purposes only and cannot be used to pay taxes. To pay your taxes, Click here (https://payments.jacksongov.org/). Occasionally, the parcel number for a real estate parcel changes, due to a parcel segregation or merge. In such a case, a search of the new parcel number may not reflect tax delinquency or a full tax history concerning that parcel. You may wish to contact us to obtain that information. Or, you may wish to search all relevant parcel numbers of parcels involved in such a segregation or merge. Click here (http://www.jacksongov.org/570/Parcel-SegregationMerge-Search) to begin a search on this website to see if a parcel was involved in a segregation or merge occurring within the past five years and to see a list of parent parcel(s) and child parcel(s) involved. NOTE: Information concerning a segregation or merge occurring more than five years prior to the search is not available on this website.

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CERTIFICATE OF NO TAX DUE

BEST WESTERN TRUMAN INN 4048 S LYNN CT DR INDEPENDENCE, MO 64055 DATE: DECEMBER 9, 2021

MISSOURI TAX ID NUMBER: 26282674

LOCATION: INDEPENDENCE

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 and withholding tax due, including penalties and interest, or does not owe any sales and withholding tax, according to the records of the Missouri Department of Revenue, as of March 9, 2022. 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 and withholding tax due and does not limit the authority of the Director of Revenue to assess, and/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 audit, review of taxpayers's records, or determination of successor liability.

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

TAXATION DIVISION

RS: DU4009

CBN020 202134300300160



Remittance

Research

Administration

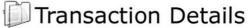
Configuration Tools





User: counter





Home 4 Research Home 4 Return to Find Payments

Local Printer: A776

View Related Audit | Adjust Transaction | View Dupl

Transaction #45

Transaction #

45

45 \$450.00 Batch # Batch Date 26556

Company

Collection Point W

City of Independence

Transaction Total Transaction Status

Valid

9/30/2021

Owner Name

10/1/2021 counter

Department

City Hall

Entry Time Stamp

Date Received

10/4/2021 11:39:55 AM

Office Code Machine ID CityHall MXL1142H1X Payment Origin Transaction ID Cashier 938e2cf3-c749-4d3b-

Payments

| | Entry Time Stamp | Receipt Number - | Account No | Payment Code | Payment Name | Payment To |
|----------------|--------------------------|---------------------|------------|--------------|-----------------------|------------|
| <u>Details</u> | 10/4/2021 11:39:55 AM | 09379295 | | 1020 | Business Licensing | \$450.00 |

Tenders

| inacis | T | T | T | |
|---------|-------------|-------------|-------------|----------|
| | Tender Code | Tender Name | Tender Type | Amount 4 |
| Details | CRCD | Credit Card | Credit Card | \$450.00 |