

Application Type:  Package  Drink  Manufacturing  Wholesale  Special  Ownership Change

**Business Information**

This Business is a:  Sole Proprietor  Partnership  LP  LLC  Corporation

CRAFTS AND COCKTAILS, LLC  
Legal Name of Entity

CRAFT PARTIES  
Type of Business

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

17201 E. HO Hwy, Suite 115 INDEP MO 64055  
Physical Address City State Zip

P.O. Box 1546, INDEP, MO 64055  
Mailing Address (if different from above)

816 405 4106 CRAFTSANDCOCKTAILSBYShelly@gmail.com  
Phone Cell Phone Email

State & Date of Incorporation or Organization

Missouri Retail Sales Tax Number

Date business scheduled to open

Give dimensions or square footage of the building, outdoor patio, and any other areas in which alcoholic beverages may be stored or dispensed: N/A

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

Proposed hours of operation: VARY 12:00 NOON - 10:00 p.m.

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

Date of purchase: \_\_\_\_\_ Date of Possession: \_\_\_\_\_

Does the former owner of the business have any interest, either directly or indirectly, in the business for which you seek a license? If so, explain:

N/A

I hereby apply to the City of Independence, MO, for the following license(s) for the business and premises described above (mark all license types for which you are applying on page 2). I also certify that the information given in this application is true to the best of my knowledge and that the license is non-transferable. I also agree that this business will observe the restrictions specifically enumerated in Chapter 2 of the Independence City Code related to alcoholic beverages.

Shelly L. Foster  
Signature of Applicant

SHELLY L. FOSTER  
Printed Name

Title

Date

**Managing Officer, Sole Owner, or Managing Partner Information**

SHELLY L. FOSTER [REDACTED]  
Full Name Social Security Number

F 62 5'1" 160 [REDACTED] KCMO YES  
Sex Age Height Weight Date of Birth Place of Birth Are you a U.S. Citizen

3210 S. LEE'S Summit Rd., McClure House, Indep MO 64055  
Home Address City State Zip

Retired At&T / PLATINUM REALTY, LLC 888 220 0988 ShellyFoster.Go  
Place of Employment (other than business) Employment Phone Email SIGNATUREGROUP@gmail

9393 W. 110<sup>th</sup> ST OVERLAND PARK KS 66210  
Employment Address City State Zip

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

INDEPENDENCE

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

Full time (UNTIL BUSINESS GROWS)

Have you, any partner or employee ever been arrested anywhere in the United States for the violation of any City, State or Federal Law? If so, who, where, when and what offense (do not include minor traffic offenses):

No

Have you, any partner or employee ever been the holder of a license to manufacture or sell alcoholic beverages, which was revoked? If so, explain:

No

Have you, or any member of your household or immediate family, ever made application for a permit for the Director of Liquor Control that was denied? If so, explain and provide approximate date of denial:

No

Do you rent or lease the premises for which this business is to be used? If so, give terms of rent or lease, and name and address of property owner:

YES - Country Meadows - 3 YEAR LEASE  
OWNED BY TUTERA REAL ESTATE - 7611 STATE LINE Rd, KCMO 64114

**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:

ALREADY LISTED - SAME

**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:

N/A

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

N/A

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:

N/A

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:

N/A

**Alcoholic Beverage Code Certifications – Adult Materials**

- I certify this establishment **will not** display or sell books, photos, magazines, videos, or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing, or relating to specified sexual activities.
- I certify this establishment **will** display or sell books, photos, magazines, videos, or other periodicals which are distinguished or characterized by the principal emphasis on matters depicting, describing, or relating to specified sexual activities.

**Alcoholic Beverage Code Certifications – Allow Entry for Inspection**

- I agree that I will permit the entry of any officer or investigator who has legal authority for the purpose of inspection; and will permit the removal of all things and articles which may be in violation of the ordinances of Independence, Missouri, and the laws of the State of Missouri or the United States.

**Liquor License Types (mark all license types for which you are applying)**

All liquor licenses are effective for one (1) year, beginning July 1 and ending June 30. Any liquor license application made between January 1 and March 31 will be charged a prorated fee equal to one-half of the annual license fee (listed below). Those licenses will expire June 30 of that year. Applications made between April 1 and June 30 will be charged the full license fee (listed below), however those licenses will expire June 30 the following year.

**Package Liquor Licenses**

- P1 – Retail Selling of Intoxicating Liquor of all kinds in the original package (\$150.00)
- P3 – Retail Selling of Beer only in the original package; includes Sunday Sales (\$150.00)
- S – Sunday Sales (\$300.00)
- T – Tasting Permit (\$25.00)

**Drink Licenses**

- T1 – Retail Selling of Intoxicating Liquor by the Drink (\$450.00)
- T2 – Retail Selling of Malt Liquor & Wine by the Drink (\$150.00)
- T3 – Retail Selling of Beer by the Drink; includes Sunday Sales (\$150.00)
- R1 – Restaurant Selling Intoxicating Liquor (\$450.00)
- R2 – Restaurant Selling Beer; includes Sunday Sales (\$150.00)
- F1 – Tax Exempt Organizations Selling Intoxicating Liquor (\$300.00)
- H1 – Hotel Selling Intoxicating Liquor (\$450.00)
- Z1 – Consumption of Intoxicating Liquor (\$150.00)
- S – Sunday Sales (\$300.00)

**Manufacturing, Distilling, Blending Licenses**

- M1 – Manufacturing, Distilling, Blending Intoxicating Liquor of all kinds (\$300.00)
- M2 – Manufacturing twenty-two (22) percent or less alcohol- content intoxicating liquor (\$300.00)
- M3 – Manufacturing, Brewing Malt Liquor (\$300.00)

**Wholesale Licenses**

- W1 – Wholesale selling of Intoxicating Liquor of all kinds (\$300.00)
- W2 – Wholesale selling of twenty-two (22) percent or less alcohol-content intoxicating liquor (\$300.00)
- W3 – Wholesale selling of malt liquor (\$300.00)

**Special Licenses**

- S1 – Microbrewery (\$7.50 per 100 barrels produced)
- S2 – Domestic Winery (\$7.50 per 500 gallons produced)
- S4 – Picnic 7 Day Intoxicating Liquor by the Drink (\$15.00 per day)
- S6 – July 4<sup>th</sup> 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)

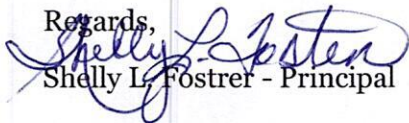


August 24, 2022

To Whom It May Concern;

I am only applying for Consumption of Intoxicating Liquor. I will not be serving liquor of any kind in my establishment. Customers will bring their own liquor and the use of only disposable containers will be used.

Regards,

  
Shelly L. Foster - Principal



## 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: 08/24/2022

Name (1): SHELLY FOSTER

Name (2):

Name (3):

Date Of Birth: [REDACTED]

SSN: [REDACTED]

Control Number: 6087394

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

# Missouri Automated Criminal History System (MACHS)

[Home](#)

[About](#)

[Contact](#)

[Fingerprint Portal](#)

[FAQ](#)

[Links](#)

[Sign Out](#)

Hello: [craftsandcocktailsbyshelly](#)

[My Account](#)

[Order History](#)



[Shopping Cart \(1 items\)](#)

## Shopping Cart

Name	Date Of Birth	Social Security Number	Remove	Cost
foster, Shelly	[REDACTED]	[REDACTED]	<a href="#">Remove</a>	\$14.00
SUBTOTAL				\$14.00 *

\* [payment processing fees apply](#)

[Submit](#)

[Add More Names to Your Shopping Cart](#)



# Missouri Automated Criminal History System (MACHS)

Home

About

Contact

Fingerprint Portal

FAQ

Links

Sign Out

Hello: **craftsandcocktailsbyshelly**

**My Account**

**Order History**

 **Shopping Cart (0 items)**

## Receipt ID 1587670 - Receipt Page

[Click HERE to view the Status of your Submission](#)

Submission ID:	1587670
Full Name on Card:	Shelly L. Foster
Payment Confirmation Number:	20280488
Payment Date and Time:	08/24/2022 02:04:56
Payment Method:	
Card Type:	VISA
Last 4 Digits of Card:	██████
Transaction Amount:	\$14.00
Payment Fee:	\$1.25
Total Amount Charged:	\$15.25









Official Receipt

Jackson County, MO

# 2021 Property Tax

Paid August 18th, 2022

## Receipt Details

Receipt Number  
13106364

Amount Applied  
\$190.70

Payer Name  
FOSTER SHELLY LYNN

Tender Type  
PAYIT ONLINE

Payer Address  
3210 S LEES SUMMIT RD  
INDEPENDENCE, MO 64055

## Personal Property

Property Account Number 100458477

Name  
FOSTER SHELLY LYNN

Address  
3210 S LEES SUMMIT RD  
INDEPENDENCE, MO 64055

Since  
2021-05-14

To  
--

## Tax Year 2021

### Receipt Details

Type  
AUTO

Make  
TOYOTA

Model  
CAMRY

Series  
4D LE V6

Model Year  
2002

Item ID  
--

Plate Number  
--

Type  
TRUCK

Make  
GMC

Model  
ACADIA

Series  
4D SL 2WD

Model Year  
2011

Item ID  
1GKKRNEDXBJ182086

Plate Number  
--

Amount Applied  
\$125.98

Unpaid Balance  
\$0.00

Description  
A/V Principal-Regular

Amount Applied	Unpaid Balance	Description
\$11.00	\$0.00	City Sticker Fee
Amount Applied \$15.12	Unpaid Balance \$0.00	Description A/V Interest
Amount Applied \$1.32	Unpaid Balance \$0.00	Description A/V Interest
Amount Applied \$2.82	Unpaid Balance \$0.00	Description Chapter 52 General Fund Collect
Amount Applied \$1.41	Unpaid Balance \$0.00	Description Chapter 52 Maintenance Fund Col
Amount Applied \$0.25	Unpaid Balance \$0.00	Description Chapter 52 General Fund Collect
Amount Applied \$0.12	Unpaid Balance \$0.00	Description Chapter 52 Maintenance Fund Col
Amount Applied \$7.06	Unpaid Balance \$0.00	Description Chapter 141 General Fund Collec
Amount Applied \$0.62	Unpaid Balance \$0.00	Description Chapter 141 General Fund Collec
Amount Applied \$25.00	Unpaid Balance \$0.00	Description Personal Property Late Filing Penal

**Distribution of Districts**

STATE BLIND PENSION  
\$0.56  
BOARD OF DISABLED SERVICES  
\$1.23  
MENTAL HEALTH  
\$2.00  
METRO JUNIOR COLLEGE  
\$3.77  
MID-CONTINENT LIBRARY  
\$6.45  
JACKSON COUNTY  
\$10.83  
INDEPENDENCE SCHOOL #30  
\$101.13

**Any unpaid balance will continue to accumulate interest, penalties, and fees.**

This receipt reflects the amount of any current unpaid balance at the time this receipt is generated. It does not include any such interest, penalties and fees that are later accrued. Changes to the account may change the unpaid balance amount.

If this payment does not clear your financial institution, this receipt is void and you may receive a returned item fee and late penalty. Please verify with your financial institution that this payment has cleared.



# Jackson County Missouri

## 2022 Individual Personal Property Declaration

**Account Number: 100458477**

**Thank you for using Jackson County's  
Online Personal Property Declaration  
System!**

The personal property items shown below will be included on your account in the Jackson County tax rolls. Please print this page for your records using the "Print" button found at the bottom of the screen.

**Owner Mailing Address**

FOSTER SHELLY LYNN  
3210 S LEES SUMMIT RD  
INDEPENDENCE MO 64055

**Owner Street Address (location)**

3210 S LEES SUMMIT RD  
INDEPENDENCE MO 64055

**Contact Information**

Phone: 8164054106  
EMail:  
Shellyfoster2realty@gmail.com

**Date Moved:**

	Item Type	Item Description	Vehicle Identification Number
	AUTO	2002 TOYOTA CAMRY 4D LE V6	
ADDED	AUTO	2021 KIA TELLURIDE 4D SX 3.8L V6	5XYP5DHC5MG171655
	TRUCK	2011 GMC ACADIA 4D SL 2WD	1GKKRNEDXBJ182086

**Confirmation Number: 01DMNUON  
Date Submitted: 4/13/2022 2:49:31 PM**

**If you have failed to file this declaration before May 1st, 2022  
a late filing penalty may be applied to the assessed value of your property.**

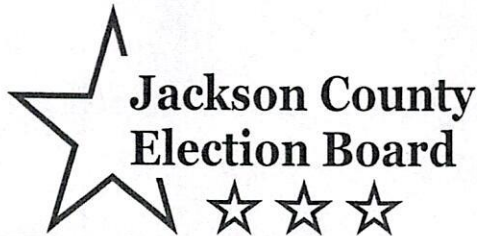
**The information you have declared through this process is for the 2022 tax year.  
It will only be available on Tax Search after May 31 2022.**

**Please print a copy of this confirmation for your records.**

Print

[Back to Jackson County's Home Page >>>](#)

MICHAEL K. WHITEHEAD, CHAIRMAN  
HENRY R. CARNER, SECRETARY  
COLLEEN M. SCOTT, MEMBER  
VACANT, MEMBER  
TAMMY L. BROWN, DIRECTOR  
SARA A. ZORICH, DIRECTOR



215 NORTH LIBERTY  
POST OFFICE BOX 296  
INDEPENDENCE, MISSOURI 64051  
(816) 325-4600  
FAX (816) 325-4609  
<https://jcebmo.org>

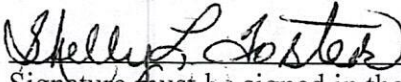
## CERTIFICATION OF REGISTRATION

August 30, 2022


This is to certify that **Shelly Lynn Foster** is registered in the **05/A** Precinct of **Blue Sub. 5** Township, Jackson County, Missouri having registered on the **30th** day of **August, 2022**.

Date of Birth: **08/26/1960**

Address: **3210 S Lees Summit Rd Independence, MO 64055**

  
Signature must be signed in the presence of  
Election Board Clerk

Board of Election Commissioners

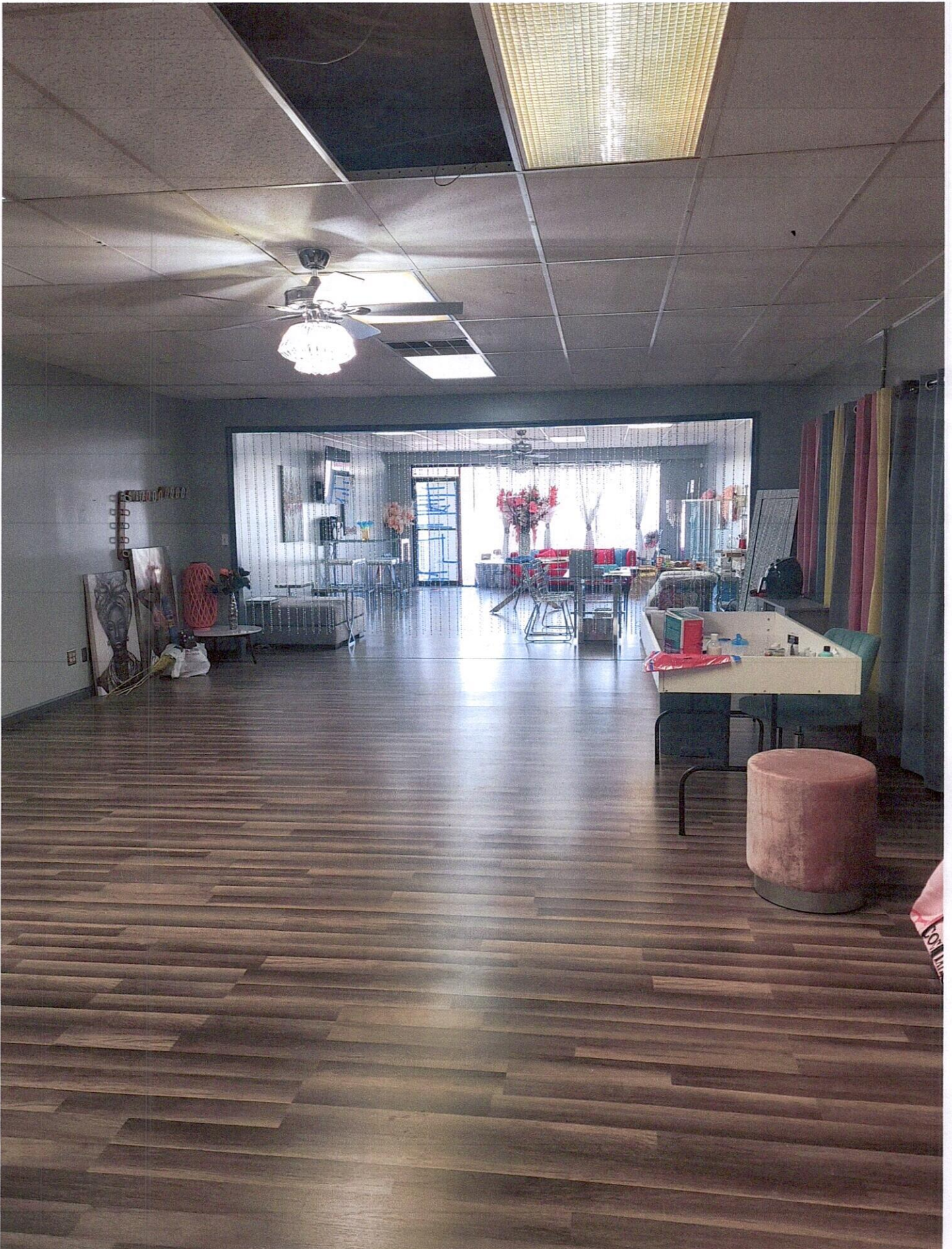
By 

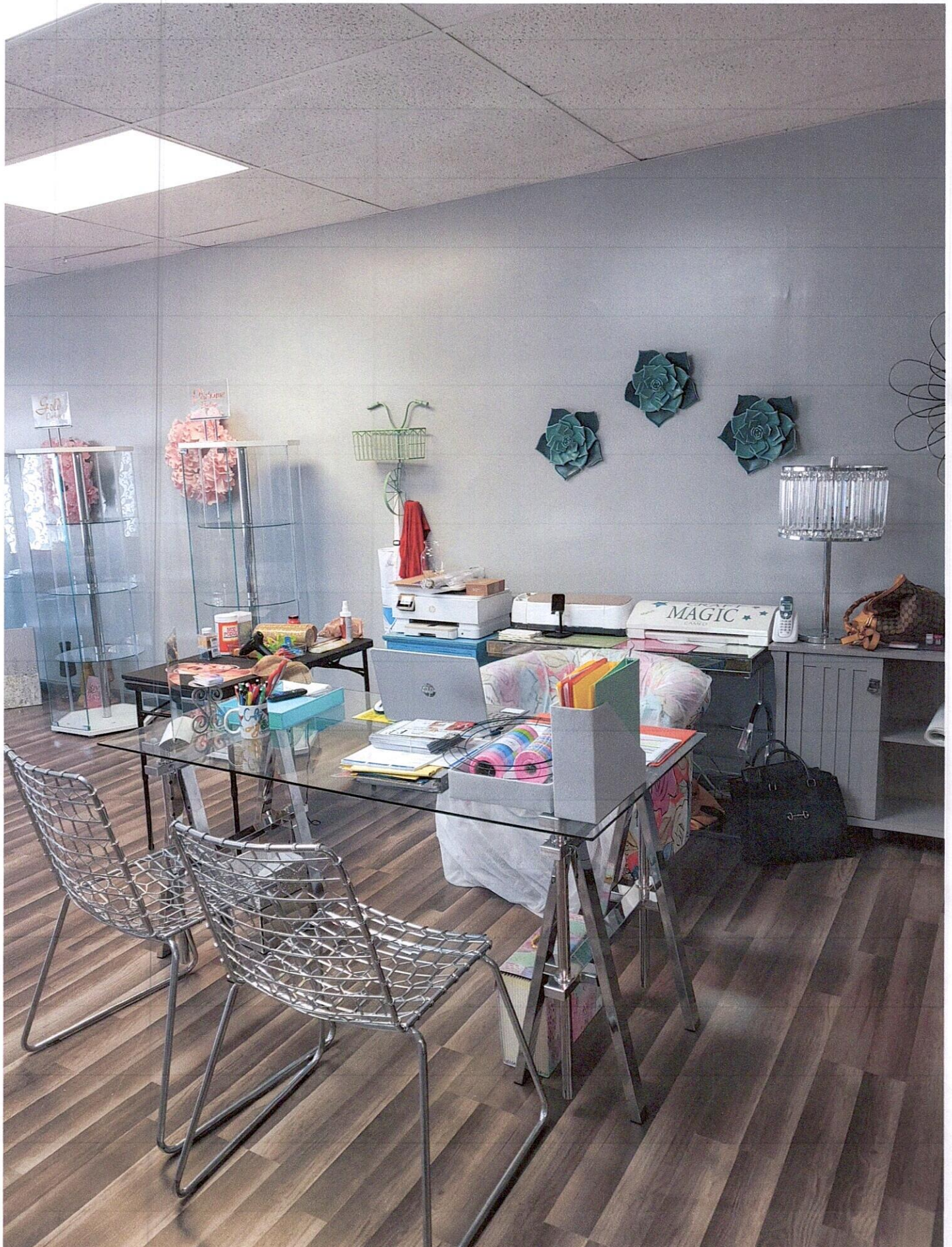
(This certificate is not valid without official seal.)

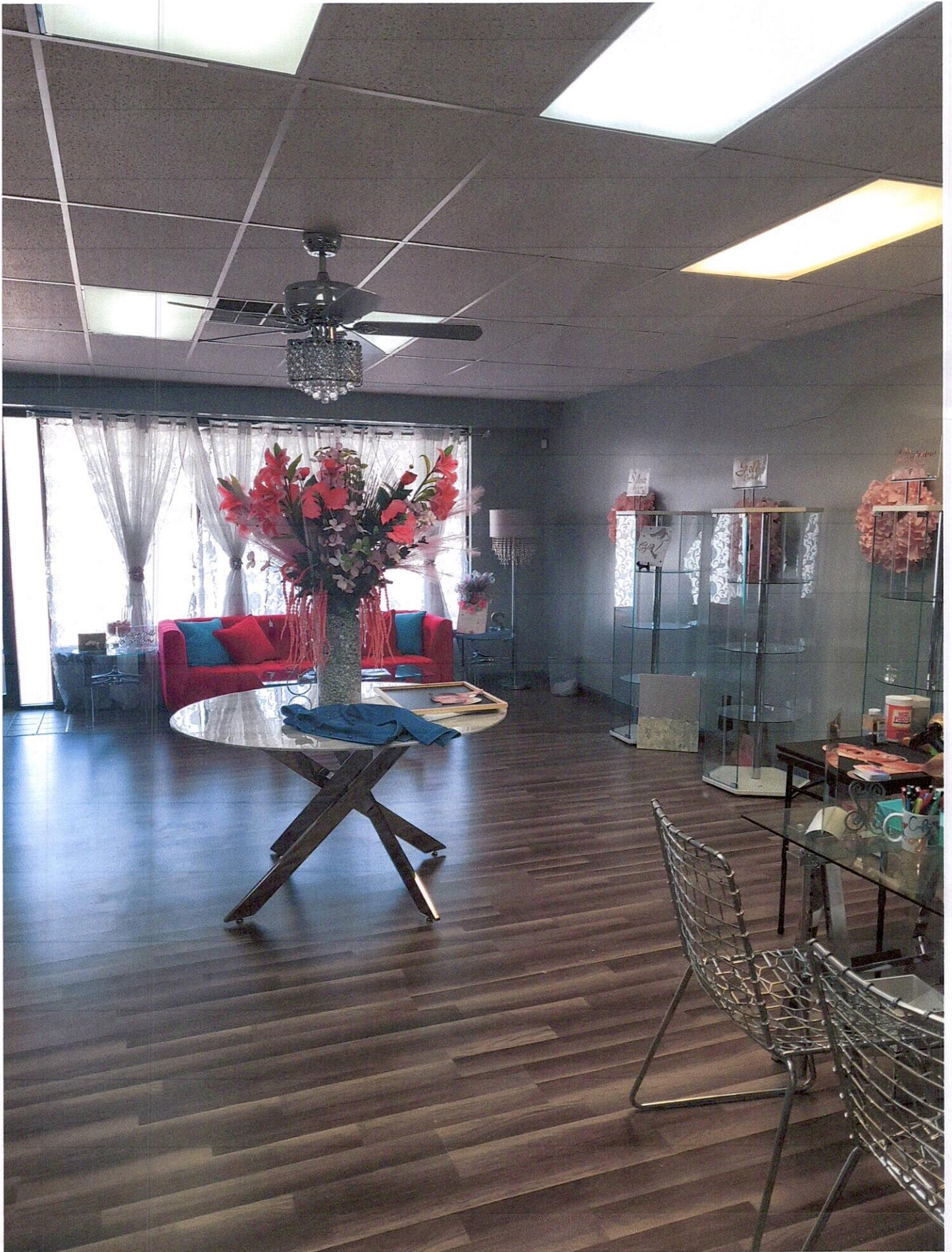
(Information Given under Oath by person at Time of Registration)

### Residency of New Registrant

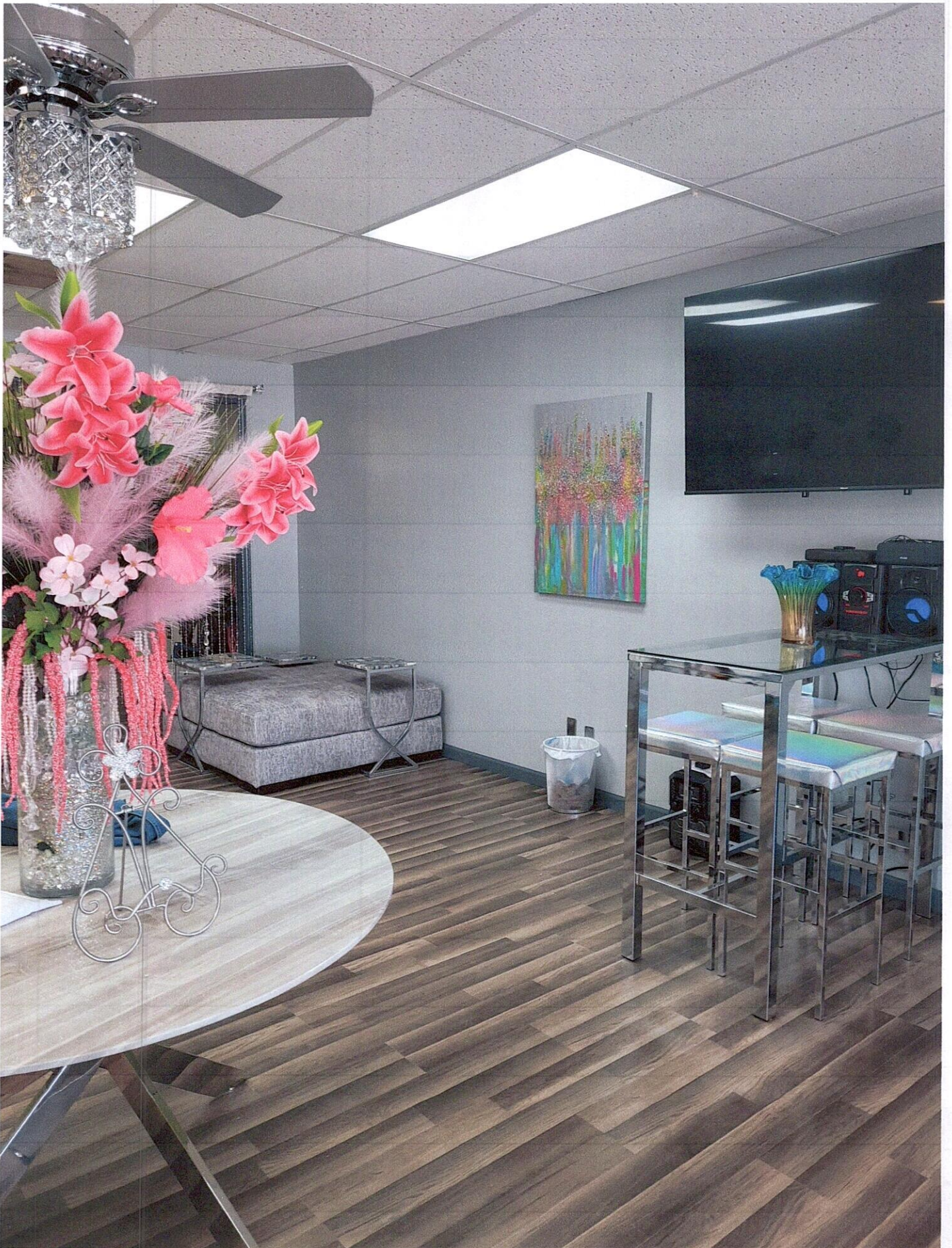
The person named on this affidavit registered to vote on the date indicated. Residency is not yet verified. The Jackson County Board of Election Commissioners will now verify the residence as provided by law (115.193.1, R.S.Mo.), by the use of a first class, non-forwardable piece of mail.

















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



*Missouri*  
**DEPARTMENT OF REVENUE**

Telephone: 573-751-5860  
Fax: 573-522-1722  
E-mail: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

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CRAFTS AND COCTAILS LLC  
17201 E US HIGHWAY 40 STE 115  
INDEPENDENCE, MO 64055-6437

07/12/2022

**CERTIFICATE OF NO TAX DUE**

RE: Notice Number 2031626086  
MISSOURI ID: 27533131

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 07/12/2022. 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 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: 07/12/2022

CRAFTS AND COCTAILS LLC  
17201 E US HIGHWAY 40 STE 115  
INDEPENDENCE, MO 64055-6437


CRAFTS AND COCTAILS LLC

MISSOURI ID: 27533131

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.



Director of Revenue

STATE OF

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: 2031626084



PO Box 5316  
Binghamton, NY 13902

SHELLY FOSTER  
CRAFTS AND COCKTAILS LLC  
17201 E 40 HIGHWAY STE 115, INDEPENDENCE MO 64055  
Independence, MO 64055

**Midvale Indemnity Co.**  
Underwritten by: Midvale Indemnity Company  
A Wisconsin Stock Company  
Tel: 844-365-4997

**Policy Number:** BPP1102972  
**Date:** 08/03/2022

Dear SHELLY FOSTER,

Midvale Indemnity Co. is pleased to be of service to you. Our objective is to provide you with comprehensive and professional products for all of your insurance needs.

Please find the enclosed policy documents.

If you have any questions, please contact your agent or our Service Center at 844-365-4997.

Sincerely,

Customer Care Department



Midvale Indemnity Co.  
 Underwritten by: Midvale Indemnity Company  
 A Wisconsin Stock Company

**Send policy correspondence to:**  
 PO Box 5316  
 Binghamton, NY 13902  
 844-365-4997

Information as of: 08/03/2022

## POLICY DECLARATIONS

This document and your policy contract define our insuring agreement. In return for payment of premium and subject to all the terms of this policy, we agree to provide you insurance as stated in the policy.

### Policy Information

**Named Insured:** CRAFTS AND COCKTAILS LLC  
**Policy Number:** BPP1102972  
**E-mail Address:** shellyfoster2realty@gmail.com  
**Policy Type:** Business Owner's Policy (BOP)  
**Phone:** (816) 405-4106  
**Policy Period:** 08/03/2022 to 08/03/2023 12:01AM  
 Standard Time at Primary Location

### Location Information

**Location #1** (primary location)

**Address:** 17201 E 40 HIGHWAY STE 115  
 INDEPENDENCE, MO USA 64055

**Coverage Information** (applies to all buildings at Location #1 )

**Business Personal Property Limit:** \$15,000  
**Deductible** (applies per location, per occurrence): \$500  
**Windstorm or Hail Percentage Deductible** (applies per location, per occurrence): Not Applicable

### Policy Coverage (limits & deductibles shown are non-stackable across locations)

	Limit of Insurance	Deductible
<i>Liability Coverage</i>		
<b>Business Liability</b> (per-occurrence limit/annual aggregate limit):	\$1,000,000/\$2,000,000	None
<b>Damage to Premises Rented to You</b>	\$50,000	None
<b>Medical Expenses</b> (per person)	\$5,000	None
<i>Property Coverage</i>		
<b>Business Income &amp; Extra Expense</b>	12 months actual loss sustained	None
<b>Personal Property Off-Premises</b>	\$10,000	\$500
<b>Business Income from Dependent Properties</b>	\$5,000	None
<b>Business Income - Payroll Expense</b>	60 days	None
<b>Business Income - Extended Period of Indemnity</b>	60 days	None
<i>Other Coverage</i>		
<b>Accounts Receivable</b> (on-premises/off-premises)	\$10,000/\$5,000	\$500



<b>Valuable Papers &amp; Records</b> (on-premises/off-premises)	\$10,000/\$5,000	\$500
<b>Electronic Data</b>	\$10,000	\$500
<b>Interruption of Computer Operations</b>	\$10,000	\$500
<b>Fire Department Service Charge</b>	\$10,000	None
<b>Forgery or Alteration</b>	\$2,500	\$500
<b>Equipment Breakdown Coverage</b>	See policy form	See policy form
<b>Cyber Suite Without Business Income</b>	See policy form	See policy form

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**Policy Premium**

**\$613**

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**Premium Taxes, Surcharges and Fees** (note: included in Policy Premium above)

Cyber Claim Support and Risk Management Fee \$7.00

**Discounts Applied to This Policy:**

Loss-Free  
Responsible Shopper

**Policy Forms and Endorsements**

BP\_00\_03\_07\_13 BUSINESSOWNERS COVERAGE FORM  
 BP\_01\_11\_11\_13 MISSOURI CHANGES  
 BP\_01\_57\_10\_08 MISSOURI CHANGES - POLLUTION EXCLUSION ENDORSEMENT  
 BP\_04\_17\_01\_10 EMPLOYMENT-RELATED PRACTICES EXCLUSION  
 BP\_04\_83\_01\_10 REMOVAL OF INSURANCE-TO-VALUE-PROVISION  
 BP\_04\_92\_07\_02 TOTAL POLLUTION EXCLUSION  
 BP\_05\_01\_07\_02 CALCULATION OF PREMIUM  
 BP\_05\_16\_01\_15 MISSOURI - DISCLOSURE TO PURSUANT TO TERRORISM RISK INSURANCE ACT  
 BP\_05\_17\_01\_06 EXCLUSION - SILICA OR SILICA-RELATED DUST  
 BP\_05\_23\_01\_15 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM  
 BP\_05\_77\_01\_06 FUNGI OR BACTERIA EXCLUSION (LIABILITY)  
 BP\_14\_86\_07\_13 COMMUNICABLE DISEASE EXCLUSION  
 BP\_15\_04\_05\_14 EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION  
 BP\_77\_01\_07\_16 EQUIPMENT BREAKDOWN COVERAGE  
 BP\_IN\_01\_07\_13 BUSINESSOWNERS COVERAGE FORM INDEX  
 CYB\_00\_01\_06\_19 CYBER COVERAGE INSURANCE  
 CYB\_MO\_77\_00\_06\_19 MISSOURI CHANGES  
 IL\_N\_001\_09\_03 FRAUD STATEMENT

In witness whereof, we have caused this policy to be signed by our authorized officers.

**Home Office**  
**MIDVALE INDEMNITY COMPANY**

6000 American Parkway  
Madison, WI 53783



---

Andrew A. McElwee, Jr.  
President



---

David Holman  
Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/03/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Midvale Indemnity Co.</b> PO Box 5316 Binghamton, NY 13902	CONTACT NAME: <b>Midvale Indemnity Co.</b>	FAX (A/C, No):
	PHONE (A/C, No, Ext): <b>844-365-4997</b>	E-MAIL ADDRESS: <b>service@amfambusinessinsurance.com</b>
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: <b>Midvale Indemnity Company</b>		<b>27138</b>
INSURED <b>CRAFTS AND COCKTAILS LLC</b> 17201 E 40 HIGHWAY STE 115 INDEPENDENCE MO USA 64055	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES CERTIFICATE NUMBER: 306337903412273 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	BPP1102972	08/03/2022	08/03/2023	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	
							AGGREGATE	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE	OTHER
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
	<b>PROFESSIONAL LIABILITY</b>						<b>OCCURRENCE AGGREGATE</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Party Planning Consultant

### CERTIFICATE HOLDER

CRAFTS AND COCKTAILS LLC

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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