



4/3 or 4/17

\$300 - CC 3/3/23
+ \$162.50 SS + tasting permit
gmd

Paid \$162.50 3-6-23
cc at counter SRF

Liquor License

Application Form

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

Application Type: Package Drink Manufacturing Wholesale Special Ownership Change

Business Information

This Business is a: Sole Proprietor Partnership LP LLC Corporation
The Marinello LLC Retail Store & Whiskey Room

Legal Name of Entity _____ Type of Business _____

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

208 - 210 W Lexington Ave Independence MO 64050

Physical Address City State Zip
16657 E 23rd ST S #287 Independence MO 64055

Mailing Address (if different from above)
816-325-2154 816-210-1034 travis@themarinello.com

Phone Cell Phone Email
MO 9/9/2022 27638014

State & Date of Incorporation or Organization Missouri Retail Sales Tax Number
4/1/2023

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: 18 x 40 - 208 13 x 40 - 210

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


Proposed hours of operation: 10 am - 10 pm

If existing business, from whom was the business purchased? NA

Date of purchase: _____ Date of Possession: _____

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

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

 Travis Gensler
Signature of Applicant Printed Name

Member 3/2/2023

Title Date

Managing Officer, Sole Owner, or Managing Partner Information

Travis Michael Gensler

Full Name						Social Security Number
M	46	5' 9"	195	██████████	Independence, MO	Yes
Sex	Age	Height	Weight	Date of Birth	Place of Birth	Are you a U.S. Citizen
22801 NW Ashford Ct		Blue Springs				MO 64015
Home Address		City		State	Zip	
Self Employed				816-210-1034	travis@themarkinello.com	
Place of Employment (other than business)			Employment Phone	Email		
22801 NW Ashford Ct		Blue Springs			MO	64015
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

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:

Own

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:

Travis Gensler, Member 100%

Corporate Information (complete only for a corporation)

List full name, complete address, phone number, date of birth and Social Security Number of all corporate officers:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Managing Officer: _____

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

Is the corporation or any stockholder or the managing officer thereof, or any member of his/her household or immediate family, have interest directly in any other permit issued by the Director of Liquor Control? If so, explain:

Has any stockholder of the corporation or an officer ever been employed by any person, partnership, or corporation that had a license revoked or suspended? If so, who, where, when and what offense:

Alcoholic Beverage Code Certifications – Adult Materials

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

Alcoholic Beverage Code Certifications – Allow Entry for Inspection

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

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) \$45 —
- P3 – Retail Selling of Beer only in the original package; includes Sunday Sales (\$150.00)
- S – Sunday Sales (\$300.00) \$150 —
- T – Tasting Permit (\$25.00) - \$12.50

Drink Licenses

- T1 – Retail Selling of Intoxicating Liquor by the Drink (\$450.00) \$225
- 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 4th Celebration Malt Liquor & Light Wine by the Drink (\$15.00 per day)
- C1 – Caterer Intoxicating Liquor by the Drink – Up to 7 Days (\$15.00 per day)
- C2 – Caterer Intoxicating Liquor by the Drink – Up to 50 Days (\$500.00)
- C3 – Caterer Intoxicating Liquor by the Drink – Unlimited Days (\$1,000.00 per day)

Alcoholic Beverage Code Certifications – Restaurant Liquor Sales

- If qualifying as a restaurant:** I certify that at least 50% of the gross sales of the business for which this license application is made will consist of food.

Alcoholic Beverage Code Certifications – Package Liquor Sales

If applying for a package liquor license: I certify that, at all times, I will keep a stock of goods having a value according to my original invoices of at least one thousand dollars (\$1,000.00), exclusive of the inventory value of the fixtures and of the intoxicating liquor, which I shall offer for sale on said premises. Check one of the following:

- This location will have alcohol sales that are less than 90% of gross store sales.
 This location will have alcohol sales that are more than 90% of gross store sales.

Additional Documentation Required

1. Letter of Explanation – Letter explaining why the application is being submitted by outlining the operations of the business and the use of the liquor license, should it be approved.
2. A recent photo of the Managing Officer.
3. Criminal Record Check – Missouri Highway Patrol criminal record check for the Managing Officer, Sole Owner, or each partner or member of a partnership or LLC.
4. Copy of the Managing Officer’s paid Missouri personal property tax receipt for year immediately preceding the date of application.
5. Copy of Missouri voter registration card for the Managing Officer.
6. Recent photos of the interior and exterior of the premises to be licensed. If the building is under construction, the applicant shall provide a copy of the plans and specifications of the building.
7. Floorplan of the premises to be licensed including any areas where alcoholic beverages will be stored, sold, or consumed including outdoor patio areas.
8. Copy of Jackson County Business Property Tax receipt for year immediately preceding date of application. (If the business was new after January 1 of that year, it is exempt from this requirement.)
9. Business License Application – Applicant must submit a Business License application that includes a letter of “No Tax Due” dated within the previous 90-days for the MO sales tax number provided and a certificate of liability insurance.
10. License Fee: Check or money order payable to the City of Independence. See page 2 for current annual license fees.

Please return this application and all required documents to the Regulated Industries Division at the address above. For questions about completing this application, please contact Jordan Ellena at JEllena@indepmo.org or by phone at 816-325-7183.



3/3/2023

To whom it may concern,

We would like to take this opportunity to explain the operations of our local small business focused on promoting local small business creators. Our concept has two phases, with the first phase being our retail outlet, where we will offer locally made and uniquely crafted goods. From one-of-a-kind Independence Square and KC apparel to handcrafted candles and more.

At our store, we would like to offer a selection of packaged retail bottles of liquor that our customers can purchase to take home with them. We have applied for a liquor license to sell these packaged retail bottles of liquor, and we are currently in the process of applying for a change of use permit to serve liquor in our coming soon attached parlor whiskey room, to open as phase two in the near future.

While we are awaiting approval to serve liquor in our parlor room, we encourage our customers to take advantage of our selection of packaged retail bottles of liquor. We would like to offer a variety of different types of whiskey, highlighting those made here locally as well as other popular brands, and we are always happy to help our customers choose the perfect bottle to suit their needs.

We believe that our store is an important part of the local community adding several missing ingredients here locally on the historic Independence Square, and we are committed to providing our customers with the highest level of service and support. If you have any questions or concerns about our operations, please do not hesitate to contact us. We would be happy to answer any questions you may have.

Thank you for your support of our local small business.

Sincerely,

A handwritten signature in black ink, appearing to read 'Travis Gensler', is written over a light blue horizontal line.

Travis Gensler

210 W Lexington Ave

Independence, MO 64050

USA
Kenneth J. Zellars
Director of Revenue

MISSOURI

DRIVER LICENSE



9 CLASS **F** 4b EXP [REDACTED]
4d DL NO. **S136226009** 3 DOB [REDACTED]
1 **GENSLER**
2 **TRAVIS MICHAEL**
8 **22801 E ASHFORD CT**
BLUE SPRINGS, MO 64015

9a END **NONE**
12 RESTRICTIONS **NONE**

15 SEX **M** 17 WGT **185 lb**
16 HGT **5'-09"** 18 EYES **BRO**



DONOR

4a ISS **10/12/2021**

5 DO **212012850052** **10/22/76**

USA
Kenneth J. Zellars
Director of Revenue

MISSOURI

DRIVER LICENSE



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16 HGT **5'-09"** 18 EYES **BRO**



DONOR

4a ISS **10/12/2021**

5 DO **212012850052** **10/22/76**

Travis Gensler 3/3/2023





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: 03/03/2023

Name (1): TRAVIS GENSLER

Name (2):

Name (3):

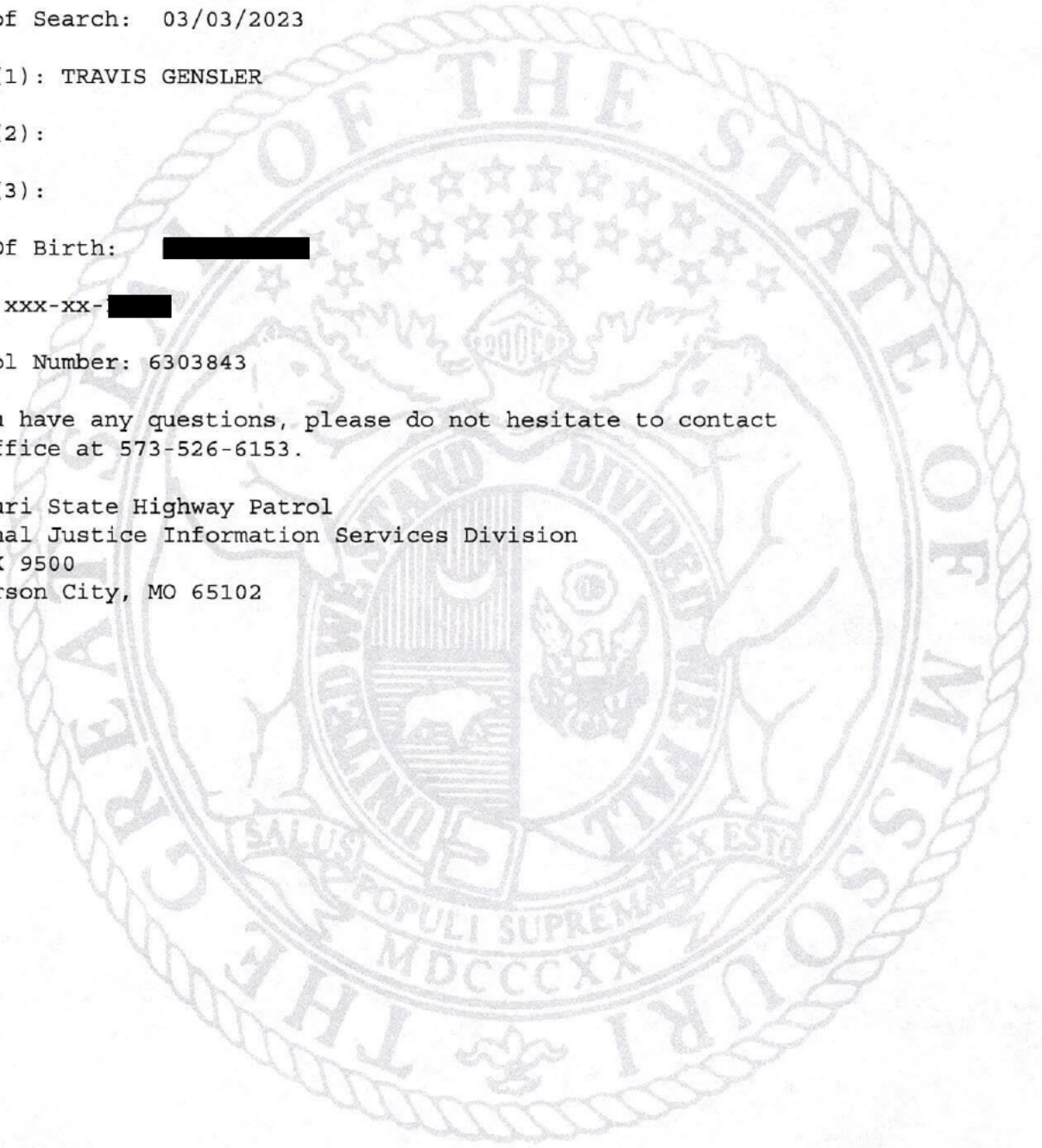
Date Of Birth: [REDACTED]

SSN: xxx-xx-[REDACTED]

Control Number: 6303843

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





Official Receipt

Jackson County, MO

2022 Property Tax

Paid December 31st, 2022

Receipt Details

Receipt Number
13515291

Amount Applied
\$1,170.45

Payer Name
GENSLER TRAVIS M

Tender Type
ACH

Payer Address
22801 E ASHFORD CT
INDEPENDENCE, MO 64015

Personal Property

Property Account Number 200738185

Name
GENSLER TRAVIS M

Address
22801 E ASHFORD CT
INDEPENDENCE, MO 64015

Since
2013-02-12

To
--

Tax Year 2022 Receipt Details

Type
TRUCK

Make
GMC

Model
SIERRA 2500HD

Series
CC DENALI 4WD

Model Year
2015

Item ID
1GT120E82FF517951

Plate Number
--

Type
TRAILER

Make
KEYSTONE

Model
FIFTH WHEEL

Series
27FT

Model Year
2011

Item ID
4YDF32224B2503160

Plate Number
--

Amount Applied
\$1,164.45

Unpaid Balance
\$0.00

Description
A/V Principal-Regular

Amount Applied
\$6.00

Unpaid Balance
\$0.00

Description
City Sticker Fee

Distribution of Districts

STATE BLIND PENSION
\$4.94
BOARD OF DISABLED SERVICES
\$13.76
MENTAL HEALTH
\$18.33
METRO JUNIOR COLLEGE
\$33.39
MID-CONTINENT LIBRARY
\$53.35
JACKSON COUNTY
\$97.47
BLUE SPRINGS SCHOOLR-IV
\$943.21

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.

Current Voter Registration Information

TRAVIS GENSLER
22801 ASHFORD CT
BLUE SPRINGS, MO 64015

If any of the voter information is not accurate, you will need to [update your voter registration](#).

NOTICE: Polling location information is provided and updated by [local election authorities](#). It is recommended you confirm your polling place with your county clerk or board of election. Contact information for your local election authority may be found in the box on the right.

Election Resources

Select an upcoming election to view your polling place, the candidates and issues that will appear on your ballot, and more.

Election: GENERAL MUNICIPAL ELECTION - 4/4/2023 ▼

Election Date:

4/4/2023

Voter Registration Deadline:

3/8/2023



[View Candidates & Issues](#)

My Polling Place:

PAUL KINDER MIDDLE SCHOOL-1
3930 NW R D MIZE RD
BLUE SPRINGS, MO 64015

Jurisdiction Information

County: Jackson
Precinct: SN-04.A
Split: A



[View My Districts](#)

Have Questions?

Contact your Local Election Authority:

Jackson County Board of Elections

P.O. Box 296
Independence, MO 64051

Phone: (816) 325-4600

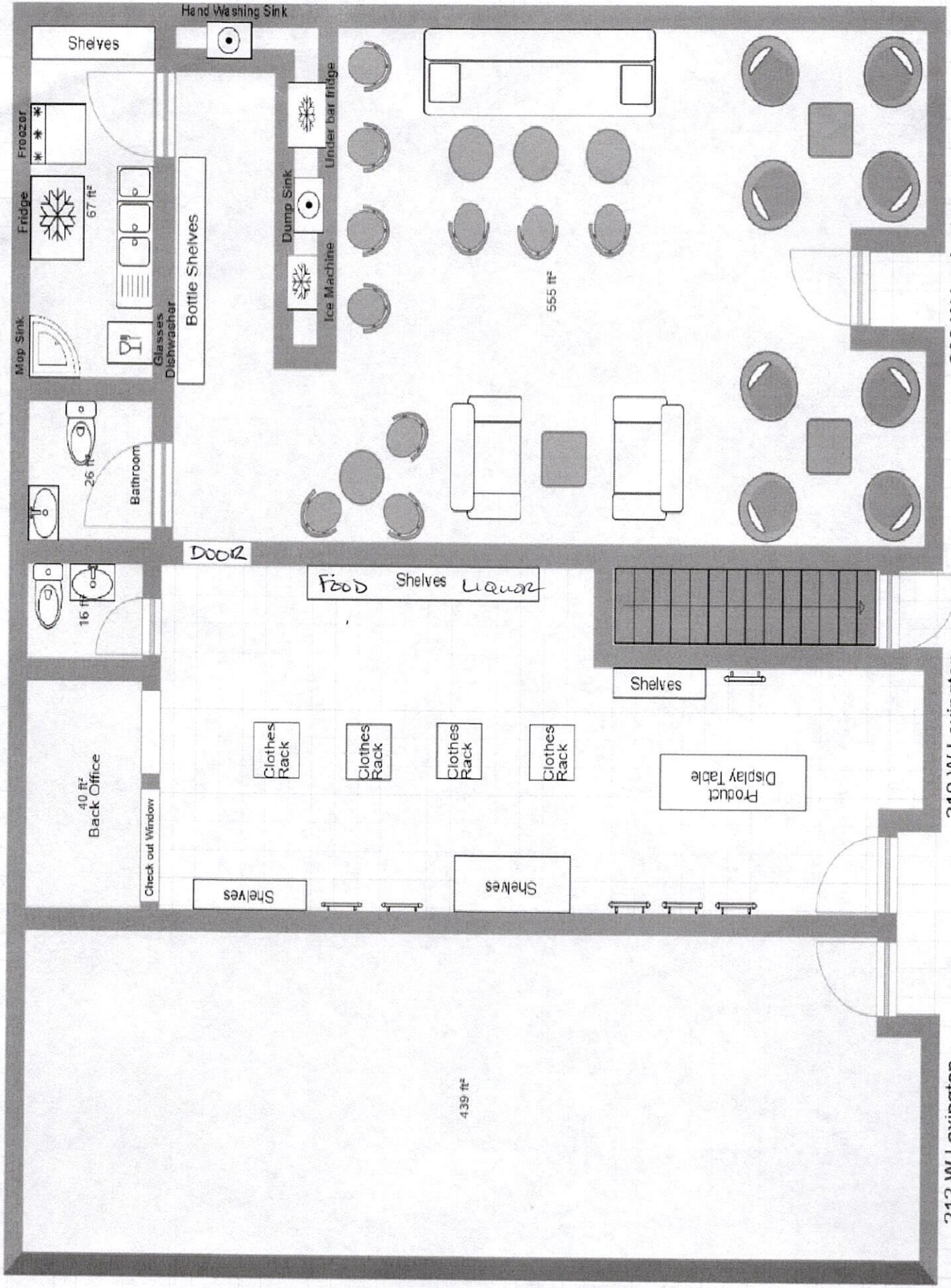
Fax: (816) 325-4642

Email:

szorich@jcebmo.org; tbrown@jcebmo.org

Need to update your registration?

Visit the [Missouri Secretary of State Elections page](#) for more information.



212 W Lexington
Office Space

210 W Lexington
Marinello Retail

208 W Lexington
Marinello Parlour Room

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

THE MARINELLO LLC
TRAVIS GENSLER
22801 NW ASHFORD CT
BLUE SPRINGS, MO 64015-7335

DATE: 03/03/2023
VALID THROUGH: 06/01/2023

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 27638014
Notice Number 2038137738

To Supervisor of Liquor Control: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales, use, or withholding tax due, including penalties and interest, and does not owe any sales, use, and withholding tax, as of March 2, 2023. 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, use, 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/3/2023

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 Beacon Point Insurance Group 16657 E 23rd St S #287 Independence MO 64055		CONTACT NAME: Travis Gensler PHONE (A/C, No, Ext): (816) 254-6100 FAX (A/C, No): E-MAIL ADDRESS: travis@beaconpoint.co	
INSURED The Marinello LLC 210 W LEXINGTON AVE INDEPENDENCE MO 64050		INSURER(S) AFFORDING COVERAGE INSURER A: AmGUARD Insurance Company NAIC # 42390 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

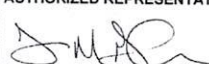
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MABP494262	3/15/2023	3/15/2024	EACH OCCURRENCE	\$ 1000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						MED EXP (Any one person)	\$ 10000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PERSONAL & ADV INJURY	\$ 1000000
							GENERAL AGGREGATE	\$ 2000000
							PRODUCTS - COMP/OP AGG	\$ 2000000
							Liquor Liability	\$ 1000000
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

City of Independence 111 E. Maple Avenue Independence MO 64050	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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