

RICHARD T. BRYANT & ASSOCIATES, P.C.

A T T O R N E Y S A T L A W

HARZFELD'S BUILDING
1111 MAIN STREET, SUITE 750
KANSAS CITY, MISSOURI 64105

PHONE (816) 221-9000
FACSIMILIE (816) 221-9010
E-MAIL: DICK2479@aol.com

March 10, 2023

Ms. Jill Dodson
Business Development Manager
City of Independence, Missouri
111 E. Maple Avenue
Independence, Missouri 64050

Re: AJ Mart

Dear Jill:

This is an application for AJ Mart LLC which currently does business in Independence, at its business location 9300 East 24 Highway. This application represents their request of approval of package liquor at this site. I believe you will find all the documentation and information requested for the sale original package liquor at their site, and then more. The business license has previously been issued by the city as my clients have been operating for some period of time.

This site will have a newly remodeled 1000 square foot convenience store functioning in the near future. Gasoline sales will continue, and as you can imagine from the small size of the business, liquor offering will be limited. Despite the small percentage of business in liquor, the profit margin will help offset the costs of remodeling the store.

Let me know if I can provide further information, and please advise of any remaining steps leading to review and approval of this application. You will note there are no residences, or schools anywhere near the proposed site. There is property owned by a church nearby however there appears to be no services at the location and a google search does not reveal the presence of a functioning church. My clients report they have never seen anyone at the site except for the occasional person mowing the lot.

Thanks as always.

Sincerely,



Richard T. Bryant
For the Firm

ANDREW S. TALGE
Licensed in Kansas, Missouri
andrewtalge@gmail.com

RICHARD T. BRYANT
Licensed in Iowa, Kansas,
Missouri, Washington, D.C.,
Superior Court of the U.S. Virgin Islands
DICK2479@aol.com



Liquor License Application Form

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

Application Type: [X] Package [] Drink [] Manufacturing [] Wholesale [] Special [] Ownership Change

Business Information

This Business is a: [] Sole Proprietor [] Partnership [] LP [X] LLC [] Corporation

AJ MART LLC Legal Name of Entity
AJ GAS & MARKET Legal Name of Entity
GAS STATION CONVENIENCE STORE Type of Business

Doing Business as (d/b/a) (if different than above)
9300 EAST 24 HIGHWAY, INDEPENDENCE MO 64053

Physical Address City State Zip
1111 MAIN STREET, SUITE 750, KANSAS CITY, MO 64105

Mailing Address (if different from above)
913-944-2393 913-701-1854 ASHRAF_BILLBASI@YAHOO.COM

Phone Cell Phone Email
MISSOURI 3/9/2018 25191870

State & Date of Incorporation or Organization Missouri Retail Sales Tax Number
BUSINESS HAS BEEN OPEN FOR YEARS AND IS UNDERGOING A COMPLETE RENOVATION

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: 1000 SQUARE FEET FOR ENTIRE BUILDING--SEE FLOORPLAN

Is the proposed location within 300 feet of a church, school, or hospital? NO, THERE IS PROPERTY OWNED BY CHARITY MISSIONARY BAPTIST CHURCH BUT NOT USED AS A CHURCH

Proposed hours of operation: 6AM TO MIDNIGHT

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

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:

APPLICANT CURRENTLY OPERATES THIS GAS STATION AND CONVENIENCE STORE. IT IS UNDERGOING A COMPLETE REMODELING RENOVATION TO MAKE IT MORE PLEASING IN APPEARANCE AND FUNCTION

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: Pamela Aljannah
Printed Name: PAM DUFFY
Title: MANAGING OFFICER
Date: 3/9/2023

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 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)

Managing Officer, Sole Owner, or Managing Partner Information

Pamela Marlea Aljarrah (Duffy)						[REDACTED]
Full Name						Social Security Number
F	39	5'5"	250	[REDACTED]	SC	YES
Sex	Age	Height	Weight	Date of Birth	Place of Birth	Are you a U.S. Citizen
5040 Gilenside Dr.			Kansas City		MO	64129
Home Address			City	State	Zip	
AJ GAS & MARKET		816-547-9602		PAMDUFFY405@GMAIL.COM		
Place of Employment (other than business)		Employment Phone		Email		
9300 EAST 24 HIGHWAY, INDEPENDENCE MO 64053						
Employment Address		City	State	Zip		

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

Kansas City, Jackson County Missouri

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

YES, I AM THE FULL TIME MANAGER OF THE STORE

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 FOR MANAGING OFFICER---YES AS TO MEMBER JENNY BELBEISI-- FJ MART

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:

THE APPLICANT IS AJ MART LLC, A 2 MEMBER LLC OPERATED BY HUBAND AND WIFE. THE REAL PROPERTY IS OWNED BY A SINGLE MEMBER LLC, OWNED SOLELY BY WIFE. THERE IS A LEASE. SEE INCLUDED IN PACKET

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:

AJ MART LLC IS OWNED BY ASHRAF BELBEISI AND JENNY BELBEISI, HUSBAND AND WIFE...SEE PERSONAL INFORMATION FORMS ATTACHED.

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.

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. 016467 IS THE CURRENT CITY BUSINESS LICENSE
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.



State of Missouri
John R. Ashcroft, Secretary of State
 Corporations Division
 PO Box 778 / 600 W. Main St., Rm. 322
 Jefferson City, MO 65102

LC001581089
Date Filed: 3/9/2018
John R. Ashcroft
Missouri Secretary of State

Articles of Organization

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is
AJ MART LLC

(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "L.L.C.," or "LLC")

2. The purpose(s) for which the limited liability company is organized:

The transaction of any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act, Chapter 347 RSMo.

3. The name and address of the limited liability company's registered agent in Missouri is:

<u>ZAFAR IQBAL</u>	<u>4021 Sterling Avenue</u>	<u>Kansas City MO 64133</u>
<i>Name</i>	<i>Street Address: May not use PO Box unless street address also provided</i>	<i>City/State/Zip</i>

4. The management of the limited liability company is vested in: managers members *(check one)*

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual

(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer *(PO box may only be used in addition to a physical street address):*

(Organizer(s) are not required to be member(s), manager(s) or owner(s))

<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
<u>Belbeisi, Ashraf</u>	<u>8325 W 120Th Terr</u>	<u>Overland Park KS 66213</u>
<u>Belbeisi, Jenny</u>	<u>8325 W 120Th Terr</u>	<u>Overland Park KS 66213</u>

7. Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:

The limited liability company gives notice that the series has limited liability.

New Series:

The limited liability company gives notice that the series has limited liability.

New Series:

The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:
Name: <u>zafar Iqbal</u>
Address: <u>Email: premiertaxkc@mail.com</u>
City, State, and Zip Code: _____

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

Ashraf Belbeisi
Organizer Signature

ASHRAF BELBEISI
Printed Name

03/09/2018
Date of Signature

Jenny Belbeisi
Organizer Signature

JENNY BELBEISI
Printed Name

03/09/2018
Date of Signature

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

Ashraf Belbeisi

Organizer Signature

ASHRAF BELBEISI

Printed Name

03/09/2018

Date of Signature

Jenny Belbeisi

Organizer Signature

JENNY BELBEISI

Printed Name

03/09/2018

Date of Signature

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF ORGANIZATION

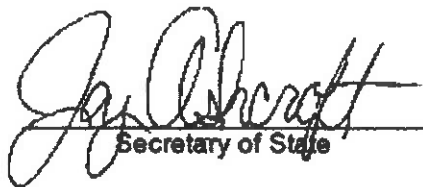
WHEREAS,

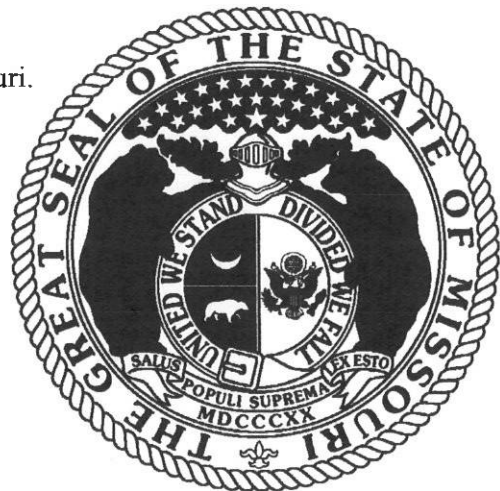
AJ MART LLC
LC001581089

filed its Articles of Organization with this office on the 9th day of March, 2018, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 9th day of March, 2018, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this 9th day of March, 2018.


Secretary of State





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: 03/10/2023

Name (1): JENNY BELBEISI

Name (2):

Name (3):

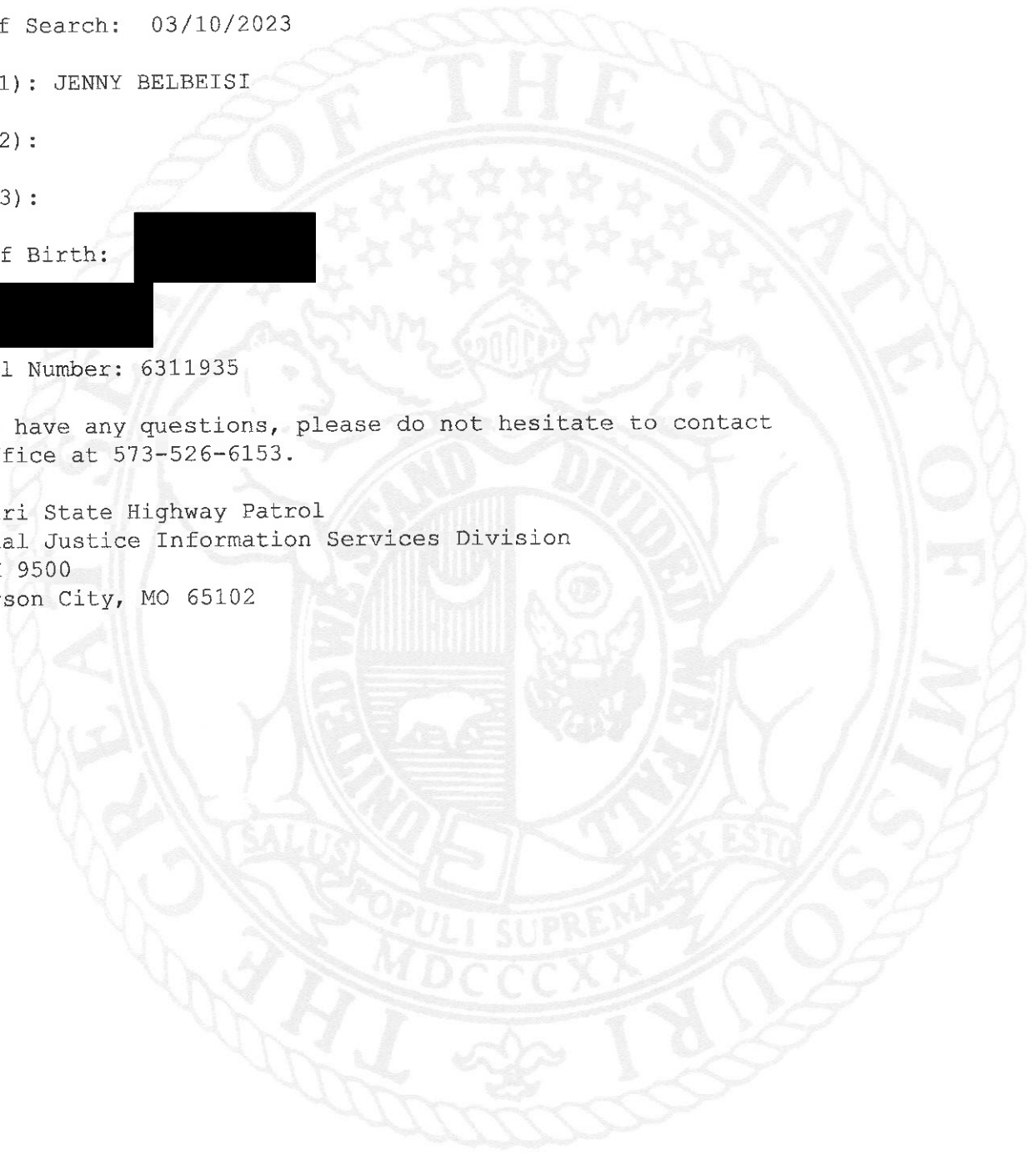
Date Of Birth: [REDACTED]

SSN: [REDACTED]

Control Number: 6311935

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





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: 03/10/2023

Name (1): PAMELA DUFFY

Name (2): PAMELA ALJARRAH

Name (3): PAMELA LAUGHRIDGE

Date Of Birth: [REDACTED]

SSN: [REDACTED]

Control Number: 6311936

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



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: 03/10/2023

Name (1): ASHRAF BELBEISI

Name (2):

Name (3):

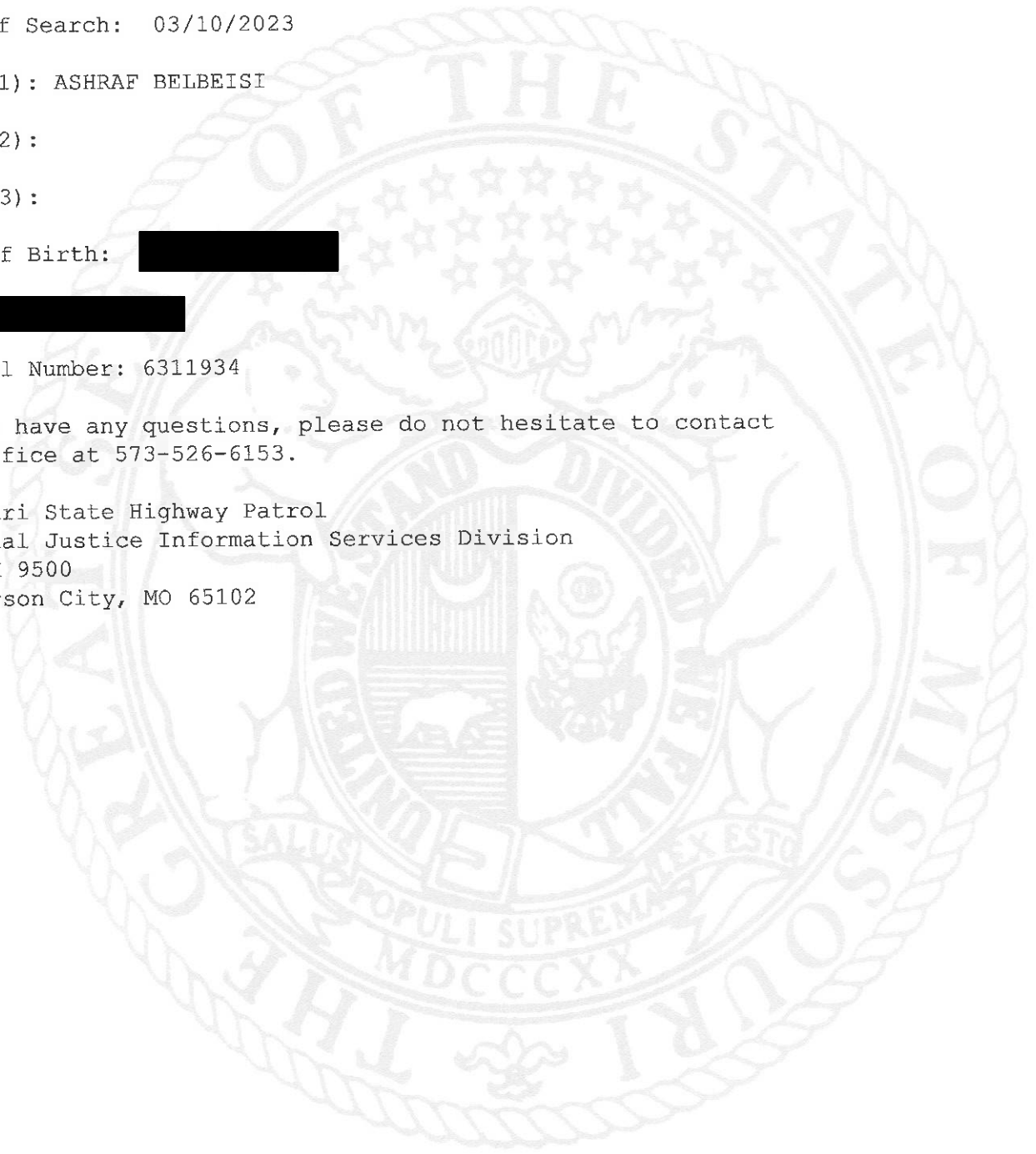
Date Of Birth: [REDACTED]

SSN: [REDACTED]

Control Number: 6311934

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



Schedule P – Personal Data

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name: Pamela Mariea Aljarrah (Duffy) Maiden Name: Laughridge
 Home Address: 5040 Glenside Dr Kansas City MO 64129
Street City State Zip
 Home Phone Number: _____ Cell Phone Number: 816-547-9602
 E-mail Address: pamduffy405@gmail.com
 Business Name: AJ Mart LLC Business Phone: 816-252-4600
 Business Address: 9300 E US 24 Hwy Independence MO 64053
Street City State Zip
 SSN: [REDACTED] Birth Place: York, South Carolina Birth Date: [REDACTED]
 Spouse's Name: _____ Spouses Maiden: _____

Address (if different from above): _____

- Are you a U.S. citizen? [] Yes [] No Date and place of naturalization (if applicable): _____
- Have you ever been arrested, indicted, or convicted for the violation of any federal or state law? [] Yes [] No
If yes, provide additional documentation and list all details.
- List employers for the past five (5) years. If self-employed, state nature of business and location.

NAME	ADDRESS	PHONE	DATES
FS Mart LLC	1116 S. Chrysler Ave, Independence	816-313-5400	3 years
AJ Mart LLC	9300 US 24 Hwy, Independence	816-252-4600	3 years

- What percentage of the business do you own? 0 %
- Have you ever made application for a liquor license that was denied or have you held a liquor permit that was suspended or revoked?
[] Yes [] No If yes, provide and/or list additional information: _____
- Do you or any member of your immediate family have a direct or indirect interest in any other active liquor license?
[] Yes [] No If yes, please provide additional information: _____

I, Pamela Mariea Aljarrah (Duffy), being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

Pamela Mariea Aljarrah (Duffy)
SIGNATURE OF APPLICANT

3/9/23
DATE



Pamela M. [redacted]

MISSOURI

DRIVER LICENSE

NOT FOR REAL ID PURPOSES

CLASS F
04/05/2026

1 ALJARRAH
2 PAMELA MARIEA

8 5040 GLENSIDE DR
KANSAS CITY, MO 64129

9a END NONE

12 RESTRICTIONS NONE

15 SEX F

16 HGT 5'-05"

17 WGT 240 lb

18 EYES BRO

19 EXP 01/23/2020

5 DD 202130230084



Schedule P – Personal Data

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name: Ashraf BelBeisi Maiden Name: M
 Home Address: 8325 W 120th Ter Overland Park Ks 66213
Street City State Zip
 Home Phone Number: 913-701-1854 Cell Phone Number: 913-701-1854
 E-mail Address: ashrafbelbeisi@yahoo.com
 Business Name: AJ Mart LLC Business Phone: 816-252-4600
 Business Address: 9300 E US 24 Hwy Independence Mo 64053
Street City State Zip
 SSN: [REDACTED] Birth Place: 10-27-1982 Kwit Birth Date: [REDACTED]
 Spouse's Name: Jenny BelBeisi Spouses Maiden: A
 Address (if different from above): _____

- Are you a U.S. citizen? Yes No Date and place of naturalization (if applicable): _____
- Have you ever been arrested, indicted, or convicted for the violation of any federal or state law? Yes No
If yes, provide additional documentation and list all details.
- List employers for the past five (5) years. If self-employed, state nature of business and location.

NAME	ADDRESS	PHONE	DATES
Ashraf BelBeisi			
Palmer			
Angela			

- What percentage of the business do you own? _____ %
- Have you ever made application for a liquor license that was denied or have you held a liquor permit that was suspended or revoked?
 Yes No If yes, provide and/or list additional information: _____
- Do you or any member of your immediate family have a direct or indirect interest in any other active liquor license?
 Yes No If yes, please provide additional information: _____

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

[Signature]

SIGNATURE OF APPLICANT

02-16-2022

DATE

KANSAS



David M. *[Signature]*
DIRECTOR OF VEHICLES SECRETARY OF REVENUE

DRIVER'S
LICENSE



4a ISS 11/03/2022
4b EXP 10/27/2028



1 BELBEISI
2 ASHRAF MUSTAFA
8 8325 W 120TH TERR
OVERLAND PARK, KS 66213-1235

9 CLASS C
15 SEX M
16 HGT 6'-03"
17 WGT 215 lb
18 EYES BRO

9a END NONE
12 REST NONE

10/27/1982

5 DO 83071117472
EA22307M2827JB





Schedule P – Personal Data

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name: Jerry / BelBeisi Maiden Name: H
 Home Address: 8325 W 120th terrace Overland Park KS 66215
Street City State Zip
 Home Phone Number: 913-944-2393 Cell Phone Number: _____
 E-mail Address: ashraf_bill_basir@yahoo.com
 Business Name: A J Mart LLC Business Phone: 913-701-1854
 Business Address: 4300 E US 24 Hwy Independence MO 64053
Street City State Zip
 SSN: [REDACTED] Birth Place: Peru Birth Date: [REDACTED]
 Spouse's Name: _____ Spouses Maiden: _____
 Address (if different from above): _____

- Are you a U.S. citizen? Yes No Date and place of naturalization (if applicable): _____
- Have you ever been arrested, indicted, or convicted for the violation of any federal or state law? Yes No
If yes, provide additional documentation and list all details.
- List employers for the past five (5) years. If self-employed, state nature of business and location.

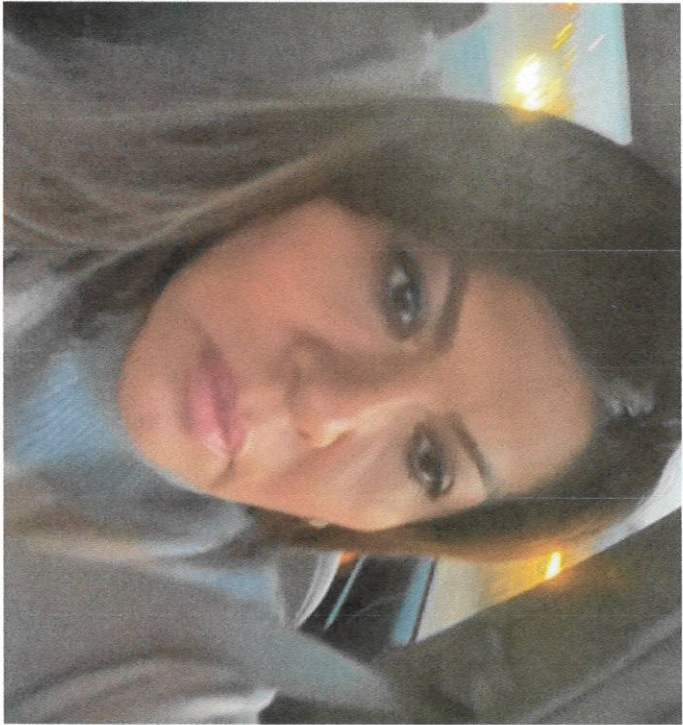
NAME	ADDRESS	PHONE	DATES
<u>Palma</u>			
<u>Ashraf BelBeisi</u>			
<u>Angela Carr</u>			

- What percentage of the business do you own? _____%
- Have you ever made application for a liquor license that was denied or have you held a liquor permit that was suspended or revoked?
 Yes No If yes, provide and/or list additional information: _____
- Do you or any member of your immediate family have a direct or indirect interest in any other active liquor license?
 Yes No If yes, please provide additional information: _____

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

AM
 SIGNATURE OF APPLICANT

02-16-2022
 DATE





Official Tax Payment Receipt

Receipt No.: 13601605 Date and Time: 03/10/2023 04:27 Print Date: 03/10/2023

Receipt Details

Parcel No.	Tax Year	TCA/District	Amount Applied	Unpaid Balance	Amount*	Description
208043805	2022	019	\$213.77		\$0.00	Property Tax Principal
	2022	019	\$9.62		\$0.00	Property Tax Interest
	2022	019	\$6.70		\$0.00	Chapter 52 Fee
	2022	019	\$11.17		\$0.00	Chapter 141 Fee

Payer Name and Address Information

Name	Address	Tender Type	Amount Tendered
DUFFY PAMELA M	5040 GLENSIDE DR ,KANSAS CITY ,MO64129	PayIt Online	\$241.26

Owner Name and Address Information

Parcel No.	Name	Address	Since	To
208043805	DUFFY PAMELA M	5040 GLENSIDE DR, KANSAS CITY, MO 64129	01/01/2020	Current

Distribution of Districts

Parcel No.	Tax Year	Agency	Amount
208043805	2022	BOARD OF DISABLED SERVICES	1.9102
	2022	CITY - KANSAS CITY	38.6571
	2022	JACKSON COUNTY	13.5270
	2022	MENTAL HEALTH	2.5432
	2022	METRO JUNIOR COLLEGE	4.6339
	2022	MID-CONTINENT LIBRARY	7.4033
	2022	RAYTOWN SCHOOL C-II	144.4099
	2022	STATE BLIND PENSION	0.6855

Motor Vehicles

Parcel No.	Tax Year	Type	Make	Model	Series	Model Year	Item ID	Plate No.	Name on Title 1	Name on Title 2
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208043805	2022	AUTO	HONDA	CIVIC	4D LX I4	2012	19XFB2F5XCE089395	DUFFY PAMELA MARIEA
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Business Assets

Parcel No.	Tax Year	Category	Purchase Year
No Business Assets Found			

Real Estate Legal Descriptions

Parcel No.	Legal Line	Line No.
No Legal Descriptions Found		

***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.

Check Your Voter Status

Your Information

PAMELA ALJARRAH

Your Street: GLENSIDE DR

Don't think this is you? [Click here to try again.](#)

Your Ward and Precinct

Your Ward: WD 16, WARD 16

Your Precinct: 14

Your Sample Ballot

[Click here to view Your Sample Ballot](#)

Your Poll Location

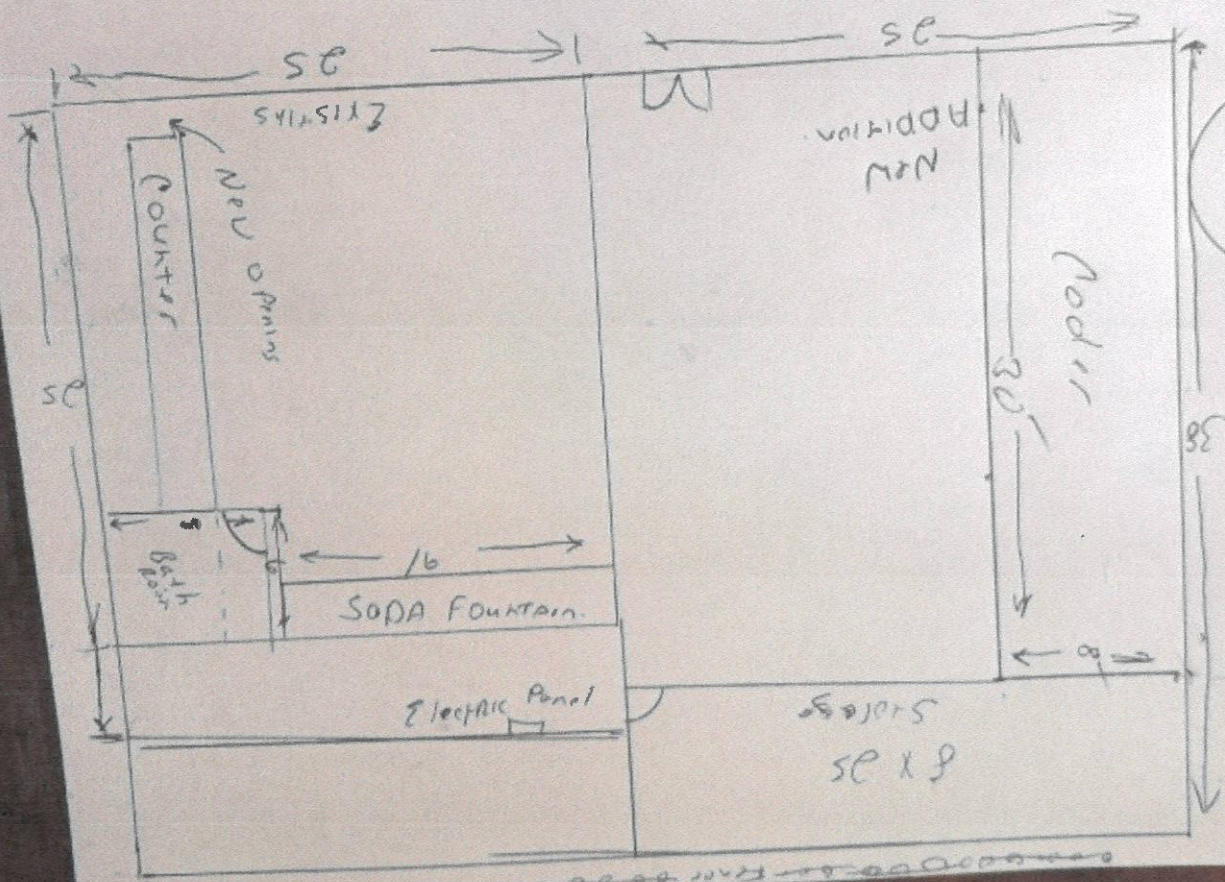
THE ROCHESTER (FIRST FLOOR)

3949 DR MARTIN LUTHER KING BLVD KANSAS CITY MO 64130

Location Map



9300 East Windsor
Independence, Mo.
Front of Building.



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

AJ MART LLC
4021 STERLING AVE
KANSAS CITY, MO 64133-1309

DATE: 03/09/2023
VALID THROUGH: 06/07/2023
INDEPENDENCE

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 25191870
Notice Number 2038377341

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of March 8, 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 statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

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

TAXATION DIVISION

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. 016467 IS THE CURRENT CITY BUSINESS LICENSE
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.



20230307B

Property Account Summary

Parcel ID: 20230307B **Property Address:** 9340 E US 24 HWY , INDEPENDENCE, MO 64053

General Information

Property Description	
Property Category	Personal Property Account
Status	Active
Tax Code Area	
Remarks	

Property Characteristics

No Property Characteristics Found

Parties

Role	Percent	Name	Address
Taxpayer	100	AJ MART LLC	9300 E 24 HWY, INDEPENDENCE, MO 64053
Owner	100	AJ MART LLC	9300 E 24 HWY, INDEPENDENCE, MO 64053

Property Values

Value Type	Tax Year 2022	Tax Year 2021	Tax Year 2020	Tax Year 2019	Tax Year 2018
Taxable Value Total					
Assessed Value Total					

Motor Vehicle Account Asset Inventory

Item Type	Make	Model	Series	Model Year	Item ID	Plate Number	Name on Title 1	Name on Title 2
No Vehicle Account Assets Found								

Active Exemptions

No Exemptions Found

Tax Balance

No Available Tax Charges Information for this Property at the Moment.

Distribution of Current Taxes

District	Rate	Amount	Voted Amount	Non-Voted Amount	
No Distributions Found					
Receipts					
Date	Receipt No.	Amount Applied to Parcel	Amount Due for Parcels Selected	Receipt Total	Change
No Receipts Found					

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City of Independence, Missouri Business License

Expiration Date: 3/31/2023

Account #: 016467

Licensed Business:

AJ MART
9300 E US 24 HWY
INDEPENDENCE MO 64053

Business Type:

CONVENIENCE STORE W/GAS SALES

JENNY BELBEISI
ASHRAF BELBEISI
8325 W 120TH TERR
OVERLAND PARK KS 66213

Business will operate in conformity and subject to Ordinances of the City of Independence, Missouri and the Statutes of the State of Missouri.


Community Development Director



INDEPENDENCE MISSOURI