



# 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

Legal Name of Entity \_\_\_\_\_ Type of Business \_\_\_\_\_

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

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

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: \_\_\_\_\_

Is the proposed location within 300 feet of a church, school, or hospital? \_\_\_\_\_

Proposed hours of operation: \_\_\_\_\_

If existing business, from whom was the business purchased? \_\_\_\_\_

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.

*Rome Williams*  
Signature of Applicant \_\_\_\_\_ Printed Name \_\_\_\_\_  
Managing Officer \_\_\_\_\_ 3/11/24  
Title \_\_\_\_\_ Date \_\_\_\_\_

### 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)



# Liquor License Application Form

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

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

Full Name					Social Security Number	
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Sex	Age	Height	Weight	Date of Birth	Place of Birth	Are you a U.S. Citizen
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Home Address		City	State	Zip
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Place of Employment (other than business)	Employment Phone	Email
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Employment Address	City	State	Zip
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City or Town where the Managing Officer, Sole Owner, or Managing Partner pays taxes:

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

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):

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:

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:

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:

**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:

**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.
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](mailto:JEllena@indepmo.org) or by phone at 816-325-7183.*

Account Information		
<b>Account Number</b> 121724	<b>Account Type</b> PRIVATE	<b>Tax Status</b> Active
<b>Tax Year</b> 2023	<b>Date Returned</b> 12/5/2022	<b>Tax Code</b> R2OF -
<b>Net Taxable Value</b> 6,370	<b>Tax Rate</b> 5.2092	<b>Total Tax</b> \$331.82
<b>Owner Name &amp; Address</b> WILLIAMS, LORENE 5920 FALCON CREST LN JEFFERSON CITY, MO, 65101-4120		

[Pay Taxes](#)

**Overview**

- [Items](#)
- [Billing](#)
- [Payment History](#)
- [Taxing Bodies](#)
- [Print Tax Bill](#)
- [Print Account](#)

Items			
Item	VIN	Quantity	Assessed Value
2013 AUDI Q7 UTILITY 4D PRESTIGE S-LINE AWD 3.0L V6 SUPERCHARGED	WA1DGAFE6DD011728	1	4,370
2015 FORD FOCUS HATCHBACK 5D SE 2.0L I4	1FADP3K21FL361165	1	2,000
<b>Total</b>			<b>6,370</b>

Billing Details	
<b>Tax Billed</b>	\$331.82
<b>Penalty Billed</b>	\$0.00
<b>Cost Billed</b>	\$0.00
<b>Total Billed</b>	\$331.82
<b>Amount Paid</b>	\$331.82
<b>Total Unpaid</b>	<b>\$0.00</b>
<b>Date Paid</b>	12/28/2023
<b>Paid By</b>	WILLIAMS, LORENE

Tax Due Amounts
Account Has No Balance Due.

[Payment History](#)

[Taxing Bodies](#)

**SHAREHOLDER - MEMBER - OFFICER/DIRECTOR/TRUSTEE INFORMATION**

**one (1) entity per page - use additional Page 3 forms as necessary**

STATE THE LEGAL NAME OF THE ENTITY WHOSE OWNERSHIP IS DESCRIBED ABOVE IS THIS ENTITY PUBLICLY TRADED OR A PRIVATE EQUITY FUND?

**VITAMIN COTTAGE NATURAL FOOD MARKETS, INC.**

YES  NO

LAST NAME (OR ENTITY NAME) <b>ISELY</b>		FIRST NAME <b>KEMPER</b>		MIDDLE INITIAL	DATE OF BIRTH [REDACTED]
BIRTH STATE OR COUNTRY <b>DENVER, CO</b>	SOCIAL SECURITY NUMBER [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* <b>CO-PRESIDENT</b>		PERCENTAGE OF OWNERSHIP <b>0</b>
ADDRESS <b>3 RANDOM ROAD</b>		CITY <b>CHERRY HILLS VILLAGE</b>		STATE & ZIP CODE <b>CO, 80113</b>	TELEPHONE NUMBER <b>303-986-4600</b>
LAST NAME (OR ENTITY NAME) <b>ISELY</b>		FIRST NAME <b>ZEPHYR</b>		MIDDLE INITIAL	DATE OF BIRTH [REDACTED]
BIRTH STATE OR COUNTRY <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* <b>CO-PRESIDENT</b>		PERCENTAGE OF OWNERSHIP <b>0</b>
ADDRESS <b>14380 CRABAPPLE ROAD</b>		CITY <b>GOLDEN</b>		STATE & ZIP CODE <b>CO, 80401</b>	TELEPHONE NUMBER <b>303-986-4600</b>
LAST NAME (OR ENTITY NAME) <b>ISELY</b>		FIRST NAME <b>ELIZABETH</b>		MIDDLE INITIAL	DATE OF BIRTH [REDACTED]
BIRTH STATE OR COUNTRY <b>MARIANNA, AR</b>	SOCIAL SECURITY NUMBER [REDACTED]	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	POSITION* <b>EXECUTIVE VICE PRESIDENT</b>		PERCENTAGE OF OWNERSHIP <b>0</b>
ADDRESS <b>750 KEARNEY STREET</b>		CITY <b>DENVER</b>		STATE & ZIP CODE <b>CO, 80220</b>	TELEPHONE NUMBER <b>303-986-4600</b>
LAST NAME (OR ENTITY NAME) <b>ISELY</b>		FIRST NAME <b>HEATHER</b>		MIDDLE INITIAL	DATE OF BIRTH [REDACTED]
BIRTH STATE OR COUNTRY <b>DENVER, CO</b>	SOCIAL SECURITY NUMBER [REDACTED]	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	POSITION* <b>EXECUTIVE VICE PRESIDENT &amp; SECRETARY</b>		PERCENTAGE OF OWNERSHIP <b>0</b>
ADDRESS <b>145 HUDSON STREET</b>		CITY <b>DENVER</b>		STATE & ZIP CODE <b>CO, 80220</b>	TELEPHONE NUMBER <b>303-986-4600</b>
LAST NAME (OR ENTITY NAME) <b>DISSINGER</b>		FIRST NAME <b>TODD</b>		MIDDLE INITIAL	DATE OF BIRTH [REDACTED]
BIRTH STATE OR COUNTRY <b>EPHRATA, PA</b>	SOCIAL SECURITY NUMBER [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* <b>CHEIF FINANCIAL OFFICER</b>		PERCENTAGE OF OWNERSHIP <b>0</b>
ADDRESS <b>12612 W. ALMEDA</b>		CITY <b>LAKWOOD</b>		STATE & ZIP CODE <b>CO, 80338</b>	TELEPHONE NUMBER <b>303-986-4600</b>
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		PERCENTAGE OF OWNERSHIP
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME (OR ENTITY NAME) <b>NATURAL GROCERS BY VITAMIN COTTAGE, INC</b>		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		PERCENTAGE OF OWNERSHIP <b>100% - PUBLICALLY TRADED</b>
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME (OR ENTITY NAME)		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH
BIRTH STATE OR COUNTRY	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		PERCENTAGE OF OWNERSHIP
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER

\*POSITION = OFFICER, DIRECTOR, TRUSTEE, MEMBER, SHAREHOLDER (If an officer AND member/shareholder, enter 'OFFICER')

**MANAGING OFFICER → PROCEED TO PAGE 4**





EXIT

DO NOT  
ENTER  
AUTOMATIC  
DOOR

AUTOMATIC  
CAUTION  
DOOR

EMERGENCY PUSH TO OPEN  
AUTOMATIC DOOR - STAND CLEAR

BAGLESS  
CHECKOUT  
BRING YOUR OWN BAG



Vertical text on the left side of the glass door, including a yellow safety label and a blue informational label.

REVEREND NATURAL FOODS  
HOURS - MONDAY - 10AM - 7PM  
HOURS - TUESDAY - 10AM - 7PM  
HOURS - WEDNESDAY - 10AM - 7PM  
HOURS - THURSDAY - 10AM - 7PM  
HOURS - FRIDAY - 10AM - 7PM  
HOURS - SATURDAY - 10AM - 7PM  
HOURS - SUNDAY - 10AM - 7PM

AUTOMATIC CAUTION DOOR



EMERGENCY PUSH TO OPEN

DOOR - STAND CLEAR

AUTOMATIC DOOR - STAND CLEAR



**EGGS**  
GOLD SILVER BRONZE





**USDA ORGANIC**  
**Organic Seeds**  
Grow organic for healthy gardens.  
*Botanical interests.*  
from Quality's Seed  
to help you and educate the gardener in you.

CHIPS  
SALSA  
GRANOLA  
ENERGY BAR

CEREAL  
SOY MILK  
CRACKERS  
SOUP

LATE JULY

# NATURAL GROCERS

19019



WE'RE  
HIRING





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: 09/28/2022

Name (1): TODD DISSINGER

Name (2):

Name (3):

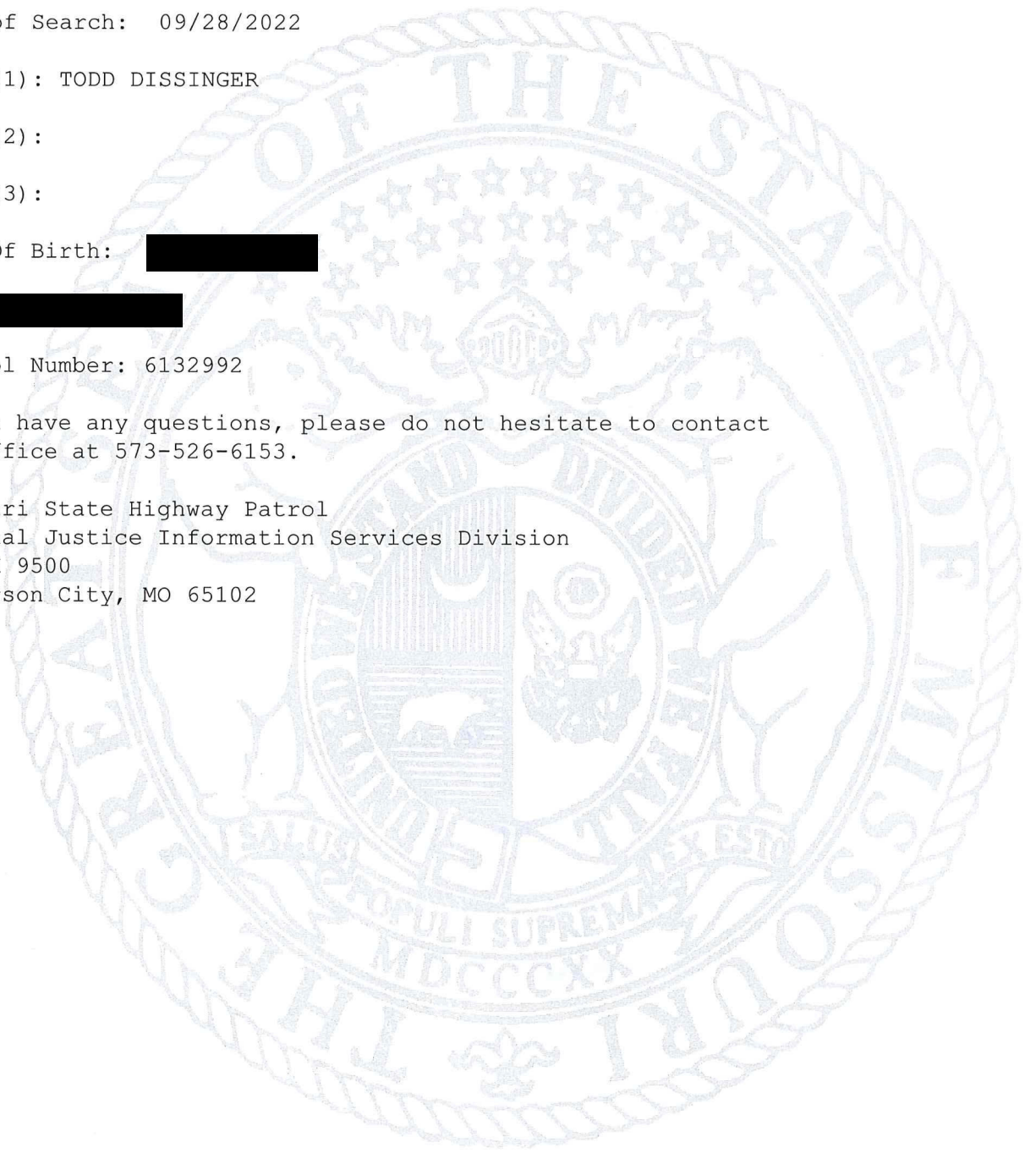
Date Of Birth: [REDACTED]

SSN: [REDACTED]

Control Number: 6132992

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: 09/28/2022

Name (1): ELIZABETH ISELY

Name (2):

Name (3):

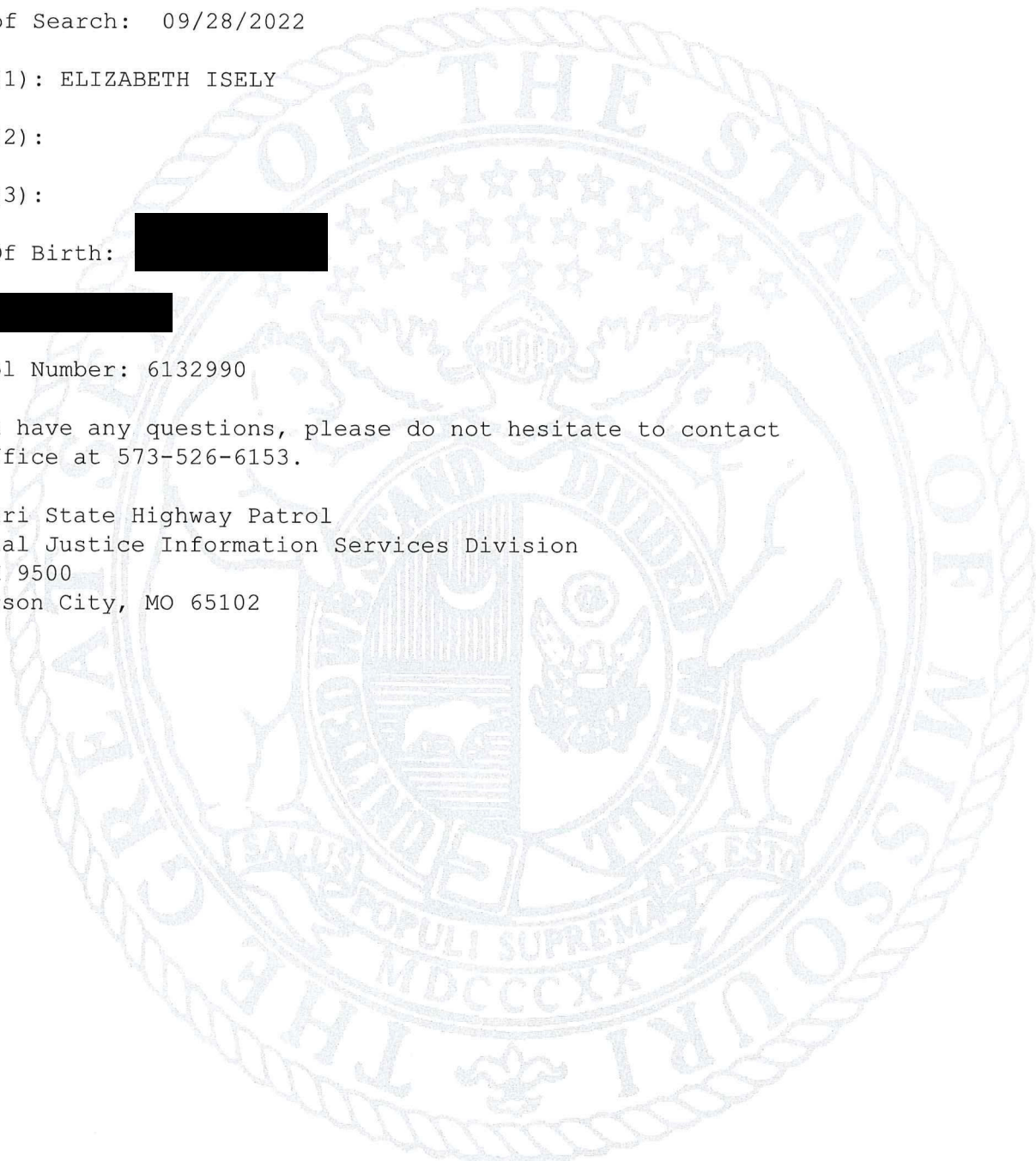
Date Of Birth: [REDACTED]

SSN: [REDACTED]

Control Number: 6132990

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: 09/28/2022

Name (1): HEATHER ISELY

Name (2):

Name (3):

Date Of Birth:



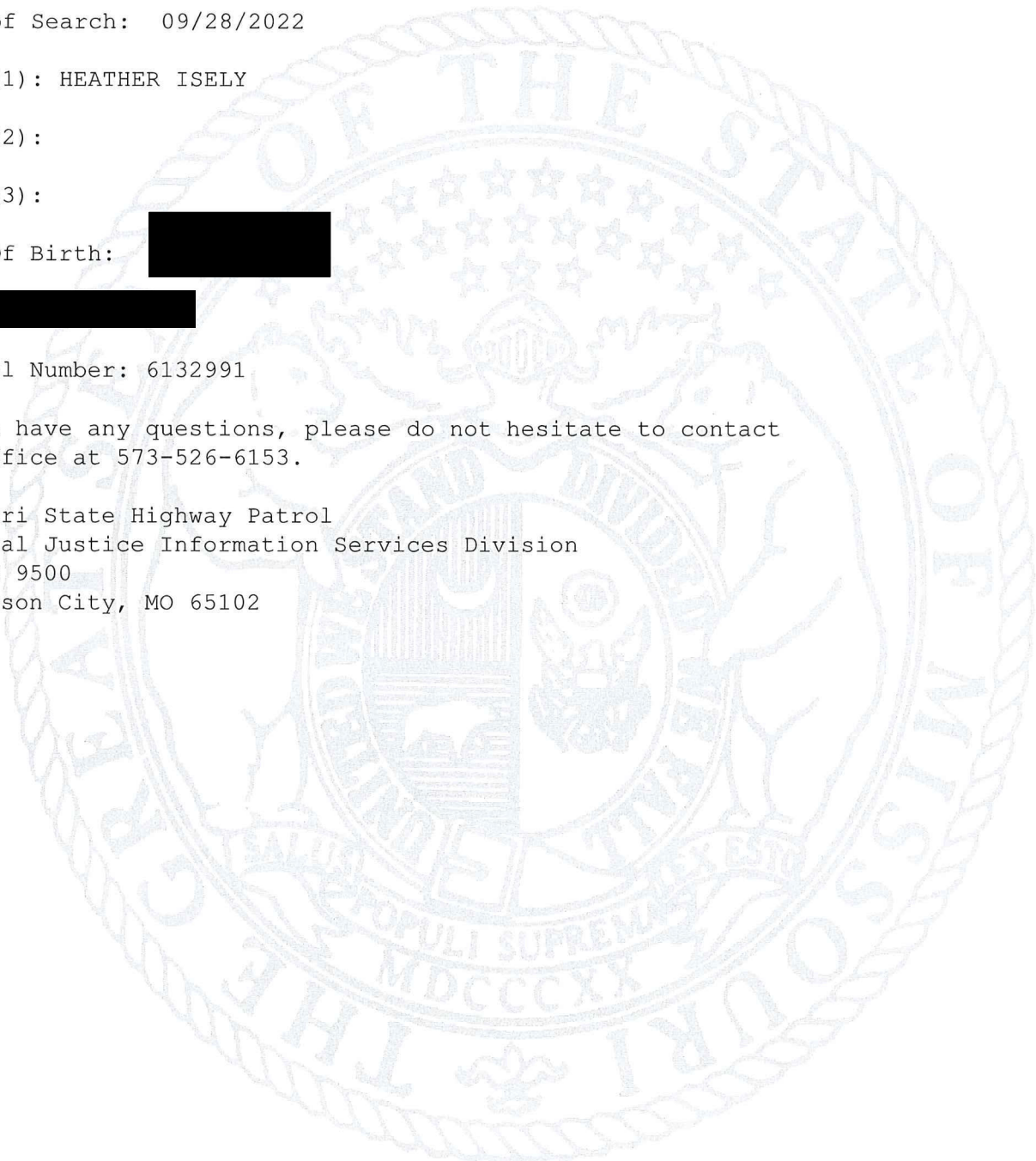
SSN:



Control Number: 6132991

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: 09/28/2022

Name (1): KEMPER ISELY

Name (2):

Name (3):

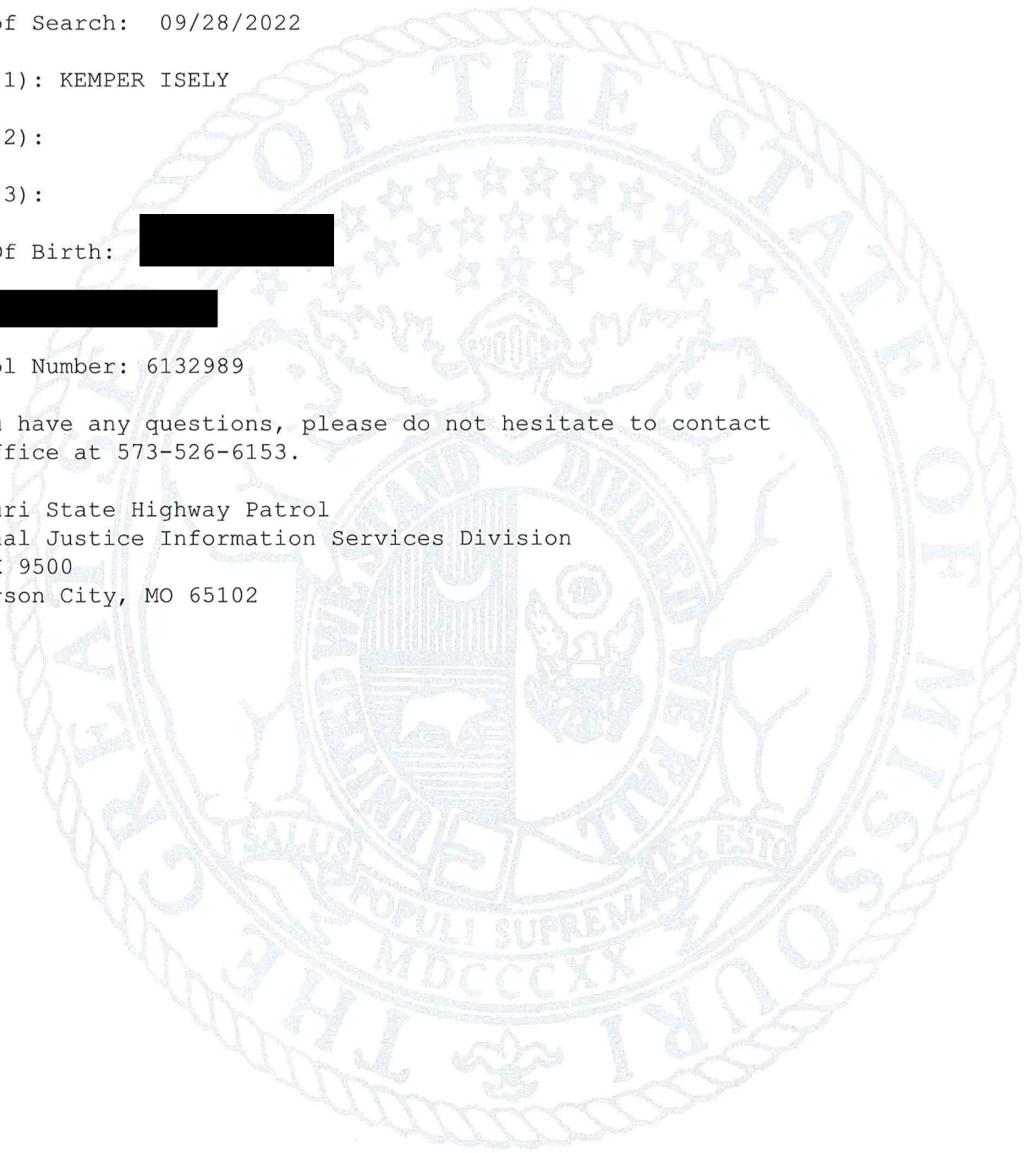
Date Of Birth: [REDACTED]

SSN: [REDACTED]

Control Number: 6132989

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: 09/28/2022

Name (1): ZEPHYR ISELY

Name (2):

Name (3):

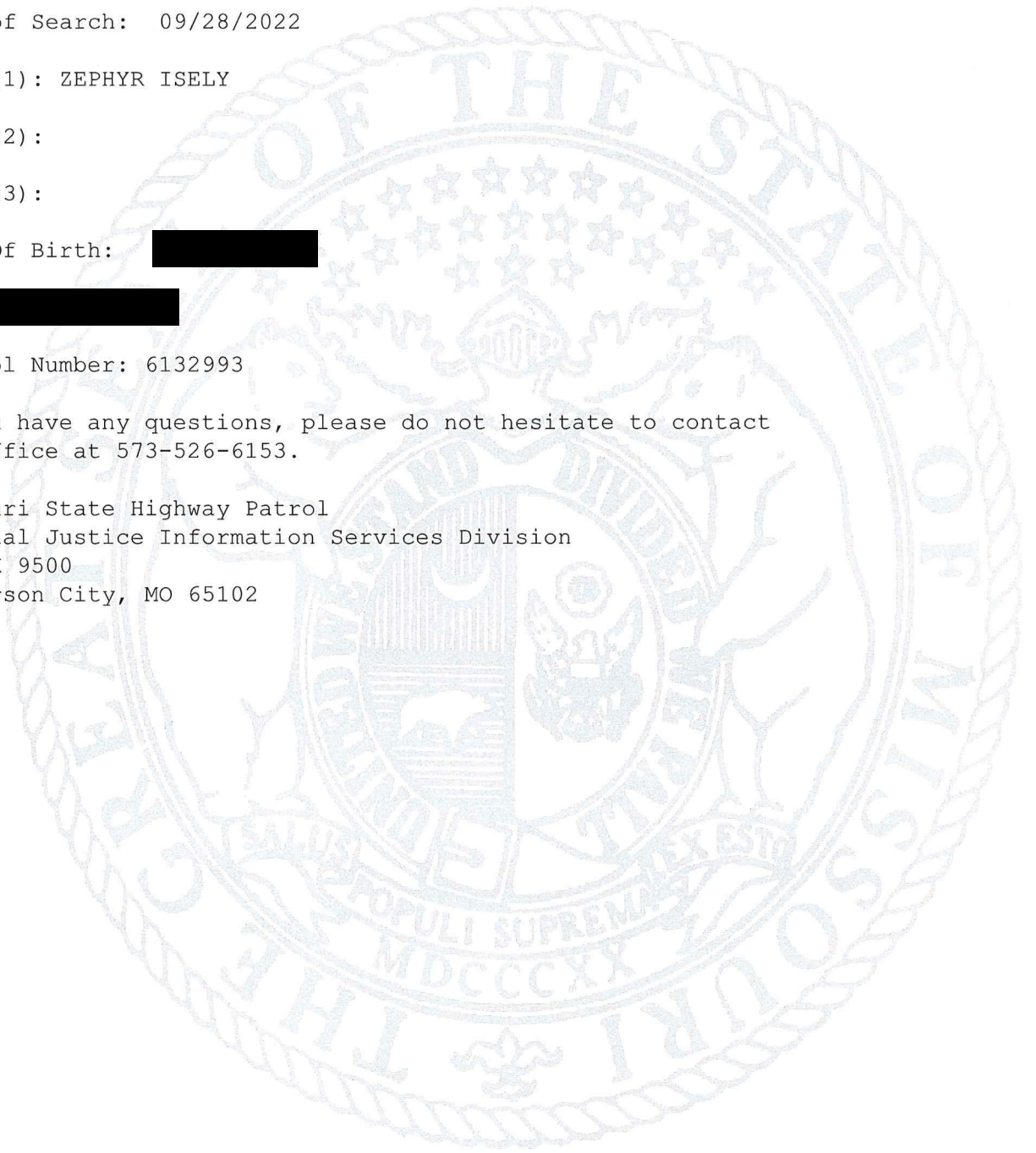
Date Of Birth: [REDACTED]

SSN: [REDACTED]

Control Number: 6132993

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



## Jill Dodson

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**To:** Lorene Williams  
**Subject:** RE: Natural Grocers

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**From:** Lorene Williams <lorene@brydonlaw.com>  
**Sent:** Thursday, March 28, 2024 8:36 AM  
**To:** Jill Dodson <JDodson@indepmo.org>  
**Subject:** RE: Natural Grocers

**[EXTERNAL EMAIL]** CAUTION: This email originates from an EXTERNAL source. Do not reply, click links, scan QR codes, or open attachments unless you trust the source and know the content is safe. Report suspicious messages using the PAB or forward to [phish-report@indepmo.org](mailto:phish-report@indepmo.org)

Please accept this email as a request for a liquor license for Natural Grocers so that they may sell alcoholic beverages in their grocery store such as many competitors in the area do.

*Clients: Liquor License Fees can be remitted via echeck or Credit Card Payment at <https://brydonlaw.com/> (a 3% processing fee will be included)*

Thank you,  
Lorene Williams,  
Senior Licensing Paralegal  
Brydon, Swearingen & England P.C.  
P.O. Box 456  
312 E. Capitol Ave.  
Jefferson City, MO 65101-0456  
573-635-7166 office  
573-619-7643 cell  
573-635-0427 fax



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