

CITY COMMISSION AGENDA MEMO
May 13, 2008

FROM: Bernie Hayen, Director of Finance
MEETING: May 20, 2008
SUBJECT: 2008 Cereal Malt Beverage Licenses
PRESENTER: Bernie Hayen, Director of Finance

BACKGROUND

The City of Manhattan's Code of Ordinances requires that a license be obtained for any business selling cereal malt beverages. License fee are as follows: Cereal Malt Beverage License fee of \$100 for off-premise; \$250 for on-premise; as well as a fee of \$25 for the purchase of the State Stamp for Cereal Malt Beverages.

DISCUSSION

The attached applications have met all requirements and all fees have been paid. They are all renewals except for Dara's Fast Lane #10.

FINANCING

Not applicable.

ALTERNATIVE

It appears the Commission has the following alternative concerning the issue at hand. The Commission may:

1. Approve the attached applications for Cereal Malt Beverage License.

RECOMMENDATION

City Administration recommends approval of the attached applications for Cereal Malt Beverage License.

POSSIBLE MOTION

Approve a Cereal Malt Beverage License for calendar year 2008 for the following: *Aggie Lounge*, 712 North 12th Street; *Dara's Fast Lane #10*, 2323 Tuttle Creek Boulevard; *Short Stop #12*, 2010 North Tuttle Creek Boulevard, and *Valentino's*, 3003 Anderson Avenue.

BH/blb
2008 Annual (4)

Enclosures:

1. Aggie Lounge CMB On-Premise Application
2. Dara's Fast Lane #10 CMB Off-Premise Application
3. Short Stop #12 CMB Off-Premise Application
4. Valentino's CMB On-Premise Application

CEREAL MALT BEVERAGE LICENSE APPLICATION

Code of Ordinances Section 4-36

I hereby apply for a license to retail cereal malt beverages in the City of Manhattan. This application is for the following type of Cereal Malt Beverage license.

- Consumption on the premises \$275.00
- Original and unopened containers and not for consumption on the premises \$125.00

This application is for a:

- New license application
- Renewal of previously issued license to same applicant and location

Name of applicant for license Michael Lee Trout
(If an individual is proposed licensee, give full legal name. If a partnership is proposed licensee, give partnership name and the name of all partners. If a corporation is proposed licensee, give corporate name.)

D/B/A name if different from above D.B.A Aggie Lounge O'MALLEYS INC.

Name, address, telephone number and legal description of business where license is to be used:

Aggie Lounge
112 N. 12th St.

Manh. KS - 66502-5330-12

Mailing address if different from above

Applicant is:

- Individual
- Partnership
- Corporation

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It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance is desired by contacting the **Customer Service Office, 1101 Poyntz Avenue, or call 587-2480** or the TDD Kansas Relay Center at 1-800-766-3777. We are here to assist you in the registration/application process as well.

SECTION I - INDIVIDUAL

1. If you are married, list your spouse's name _____ and have your spouse complete a Cereal Malt Beverage License Application Attachment.
2. Will the place of business be operated by a manager or agent ? If so, set forth the names of all such persons and each must complete a Cereal Malt Beverage Application Attachment.

3. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located.

SECTION II - PARTNERSHIP

1. All married partners must provide their spouse's name in the space provided below. If this is an application for a new license, the applicant shall attach to this application a Cereal Malt Beverage License Application Attachment completed by all of such spouses. If this is a renewal application and spouse is a partner an attachment is required.

2. _____ is the authorized agent of the applicant and has personal knowledge of all facts and circumstances necessary to complete this application and has been duly authorized to complete this application on behalf of the applicant.
List all partners _____

3. All partners must complete a Cereal Malt Beverage License Application Attachment.
4. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located:

5. Set forth the partnership State and Federal Tax Identification Numbers:

SECTION III - CORPORATION

1. List all managers of the business, all officers of the corporation and their corresponding offices, all directors, and all stockholders owning in the aggregate more than 25% of the stock, and have all of said persons complete a Cereal Malt Beverage License Application Attachment:

Michael L. Teate
William Porter

2. All persons listed in answer to question one (1), who are married, must provide their spouse's name in the space provided below. If this is an application for a new license, the applicant shall attach to this application a Cereal Malt Beverage License Application Attachment completed by all of such spouses.

Brendy Porter

3. Has any person listed in the above question (Question 1) been either a manager, officer, director or stockholder in any corporation, which has had a retailers license revoked pursuant to K.S.A. 41-2708, or which has been convicted of a violation of the Drinking Establishment Act or the cereal malt beverage laws of this state or the corresponding ordinances of any city in this state? Yes No . If so, set forth the name of the individual, the corporation, the date, place and circumstances of the revocation or conviction:

4. Name of resident agent: Michael L. Teate

5. Address of Kansas Registered Office:
Michael Lee Teate
1210 Meade St. Manhattan KS 66502

6. State and Federal Tax Identification Numbers:
30-06071001 Excise Tax # / KS-004481237796 F01
036-481237 796 F01 KS withholding

7. Michael Lee Teate is the authorized agent of the applicant and has personal knowledge of all facts and circumstances necessary to complete this application and has been duly authorized to complete this application on behalf of the applicant.

8. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located:

Tony Gebahr
714 N 12th Manhattan KS 66502

I, Michael C. Troute, am the applicant above named or the authorized agent of the applicant as set forth above. I hereby agree that the applicant will comply with all laws of the State of Kansas and all Ordinances of the City of Manhattan relating to the sale or distribution of cereal malt beverages. I further understand that any violation of such laws, or if any of the information contained herein is false or fraudulent, such may be grounds for revocation of this license. I further agree to timely notify the City of Manhattan of any changes that may occur which would cause the answers to any of the above questions to be different than what is set forth herein.

Signature Michael C. Troute Date Jan 25 08

VERIFICATION

I, Michael C. Troute, do solemnly swear that I have read the contents of this application and that all information and answers herein contained, including information and answers on attached documents, are complete and true.

Michael C. Troute
Signature

State of Kansas
County of Riley } ss.

Signed and sworn to (or affirmed) before me on Jan 25, 2008 (date)

By Michael Troute (name of signer).

Brunel Butler
Notary's Signature

(Seal, if any)

My commission expires Nov 18 2008



No city license shall be issued hereunder until the premises to be used by licensee complies with all codes and ordinances of the City of Manhattan. The Fire Department and Code Department must be contacted to schedule an inspection prior to license approval. Request for inspection shall be made one week before such inspection is desired.

The following departments have reviewed this application and recommend approval.

Planning and Zoning 5-13-08 [Signature]
Date

Code Inspection 5-7-08 Rich Stillings
Date

Fire Department 5-7-08 Rich Stillings
Date

Police Department See attached
Date

Health Department 5-12-08 [Signature]
Date

FOR OFFICE USE ONLY

Application Date 1/25/08

Fee:

Consumption on premises \$275.00

Consumption off premises \$125.00

(\$25.00 State tax fee per Charter Ordinance No. 21 included in above amount)

Receipt Number _____

Check Check # _____ Cash

Revised August 11, 2005



RILEY COUNTY POLICE DEPARTMENT

1001 S. Seth Child Road
Manhattan, KS 66502-3115
(785) 537-2112

Website: www.rileycountypolice.org

Email Address: RCPD@rileycountypolice.org

Bradley J. Schoen
Director



May 9, 2008

City Clerk
City of Manhattan
1101 Poyntz Avenue
Manhattan, KS 66502

Application for: CEREAL MALT BEVERAGE
Name of Applicant: MICHAEL TROUTE, WILLIAM PORTER
Name of Business: AGGIE LOUNGE
Business Address: 712 N 12TH ST., MHK 66502

In accordance with Manhattan City Ordinances concerning licensing, the following is indicated.

Background History Indicates: BOTH/NONE.

Drivers License History Indicates: BOTH/NONE.

Respectfully,

Capt. Hank Nelson
Support Services Division Commander
Riley County Police Department

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: Michael Lee Toste
2. List any other names you are, or have been known by: _____
3. Date and place of birth: _____ Carthage Ill
4. Social security number: _____ (D)
5. List the number and issuing state of your current driver's license: _____
KS.

If you do not have a current Kansas license, list the reason: _____

6. Your current residence: 12165 John Scott Rd.
St. George KS, 66535
7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas 17 Riley County 12 Pottawatomie County 5
8. Are you a citizen of the United States? YES
9. Telephone Number: 785-341-8015

10. Have you, within the two years immediately prior to the date of this application:
- a. Been convicted of a felony? NO
 - b. Been convicted of any crime involving moral turpitude? NO
 - c. Been convicted of drunkenness? NO
 - d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
NO
 - e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
NO
 - f. Been convicted of any other crime? NO

11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: _____

12. Are you married? NO If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. **Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.**

Signature _____ Date _____

VERIFICATION

I, Michael Trout, do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true.

Michael Trout
Signature

State of Kansas
County of Riley } ss.

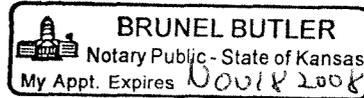
Signed and sworn to (or affirmed) before me on Jan 25, 2008 (date)

By Michael Trout (name of signer).

Brunel Butler
Notary's Signature

(Seal, if any)

My commission expires Nov 18 2008



WAIVER

I, Michael L. Trout authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

Michael L. Trout
Signature

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: William Ponce
2. List any other names you are, or have been known by: _____
3. Date and place of birth: _____ Manhattan KS
4. Social security number: _____
5. List the number and issuing state of your current driver's license: KS

If you do not have a current Kansas license, list the reason: _____

6. Your current residence: 3708 Crossgate Circle
7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas 36 Riley County 22 Pottawatomie County _____
8. Are you a citizen of the United States? YES
9. Telephone Number: 785-341-6584
10. Have you, within the two years immediately prior to the date of this application:
- a. Been convicted of a felony? NO
 - b. Been convicted of any crime involving moral turpitude? NO
 - c. Been convicted of drunkenness? NO
 - d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
NO
 - e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
NO
 - f. Been convicted of any other crime? NO

11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: _____

12. Are you married? YES If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. **Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.**

Signature William Ponce

Date 1-25-06

VERIFICATION

I, William Porto, do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true.

William Porto
Signature

State of Kansas
County of Riley } ss.

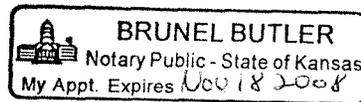
Signed and sworn to (or affirmed) before me on JAN 25, 2008 (date)

By William Porto (name of signer).

Brunel Butler
Notary's Signature

(Seal, if any)

My commission expires Nov 18 2008



WAIVER

I, William Porto, authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

William Porto
Signature

CEREAL MALT BEVERAGE LICENSE APPLICATION

Code of Ordinances Section 4-36

08-1170

I hereby apply for a license to retail cereal malt beverages in the City of Manhattan. This application is for the following type of Cereal Malt Beverage license.

- Consumption on the premises \$275.00
- Original and unopened containers and not for consumption on the premises \$125.00

This application is for a:

- New license application
- Renewal of previously issued license to same applicant and location

Name of applicant for license Dara's Fast Lane #10
(If an individual is proposed licensee, give full legal name. If a partnership is proposed licensee, give partnership name and the name of all partners. If a corporation is proposed licensee, give corporate name.)

D/B/A name if different from above _____

Name, address, telephone number and legal description of business where license is to be used:

Dara's Fast Lane #10

2323 Tuttle Creek Boulevard

Manhattan, KS 66502

Mailing address if different from above

Dara's Fast Lane, Inc

1115 Westport Drive, Suite B

Manhattan, KS 66502

Applicant is:

- Individual
- Partnership
- Corporation

GO TO PAGE 2, SECTION I
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SECTION I - INDIVIDUAL

1. If you are married, list your spouse's name _____ and have your spouse complete a Cereal Malt Beverage License Application Attachment.
2. Will the place of business be operated by a manager or agent ? If so, set forth the names of all such persons and each must complete a Cereal Malt Beverage Application Attachment.

3. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located.

SECTION II - PARTNERSHIP

1. All married partners must provide their spouse's name in the space provided below. If this is an application for a new license, the applicant shall attach to this application a Cereal Malt Beverage License Application Attachment completed by all of such spouses. If this is a renewal application and spouse is a partner an attachment is required.

2. _____ is the authorized agent of the applicant and has personal knowledge of all facts and circumstances necessary to complete this application and has been duly authorized to complete this application on behalf of the applicant.
List all partners _____

3. All partners must complete a Cereal Malt Beverage License Application Attachment.
4. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located:

5. Set forth the partnership State and Federal Tax Identification Numbers:

SECTION III - CORPORATION

1. List all managers of the business, all officers of the corporation and their corresponding offices, all directors, and all stockholders owning in the aggregate more than 25% of the stock, and have all of said persons complete a Cereal Malt Beverage License Application Attachment:

Chris Darrah
Kathy Johnston

2. All persons listed in answer to question one (1), who are married, must provide their spouse's name in the space provided below. If this is an application for a new license, the applicant shall attach to this application a Cereal Malt Beverage License Application Attachment completed by all of such spouses.

Jan McKinney Darrah
Mark Johnson

3. Has any person listed in the above question (Question 1) been either a manager, officer, director or stockholder in any corporation, which has had a retailers license revoked pursuant to K.S.A. 41-2708, or which has been convicted of a violation of the Drinking Establishment Act or the cereal malt beverage laws of this state or the corresponding ordinances of any city in this state? Yes No . If so, set forth the name of the individual, the corporation, the date, place and circumstances of the revocation or conviction:

4. Name of resident agent: Chris Darrah

5. Address of Kansas Registered Office:

1115 Westport Drive Suite B
Manhattan, KS 66502

6. State and Federal Tax Identification Numbers:

State 004481122586F01
Federal 48-1122585

7. Chris Darrah is the authorized agent of the applicant and has personal knowledge of all facts and circumstances necessary to complete this application and has been duly authorized to complete this application on behalf of the applicant.

8. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located:

S&S Development
3003 Anderson Avenue Manhattan, KS 66502

I, Chris Darran, am the applicant above named or the authorized agent of the applicant as set forth above. I hereby agree that the applicant will comply with all laws of the State of Kansas and all Ordinances of the City of Manhattan relating to the sale or distribution of cereal malt beverages. I further understand that any violation of such laws, or if any of the information contained herein is false or fraudulent, such may be grounds for revocation of this license. I further agree to timely notify the City of Manhattan of any changes that may occur which would cause the answers to any of the above questions to be different than what is set forth herein.

Signature [Signature] Date _____

VERIFICATION

I, CHRIS DARRAN, do solemnly swear that I have read the contents of this application and that all information and answers herein contained, including information and answers on attached documents, are complete and true.

[Signature]
Signature

State of Kansas
County of Riley } ss.

Signed and sworn to (or affirmed) before me on 2/27/08 (date)

By Chris Darran (name of signer).

[Signature]
Notary's Signature

(Seal, if any)

My commission expires 10/14/08



No city license shall be issued hereunder until the premises to be used by licensee complies with all codes and ordinances of the City of Manhattan. The Fire Department and Code Department must be contacted to schedule an inspection prior to license approval. Request for inspection shall be made one week before such inspection is desired.

The following departments have reviewed this application and recommend approval.

Planning and Zoning 3/21/08 [Signature]
Date
Code Inspection 03/01/08 [Signature]
Date
Fire Department 03/01/08 [Signature]
Date
Police Department see attached
Date
Health Department [Signature]
Date

FOR OFFICE USE ONLY

Application Date 3/5/08
Fee:
Consumption on premises \$275.00
Consumption off premises \$125.00
(\$25.00 State tax fee per Charter Ordinance No. 21 included in above amount) 125.00
Receipt Number 26242
Check Check # 036491 Cash

Revised August 11, 2005



RILEY COUNTY POLICE DEPARTMENT

1001 S. Seth Child Road
Manhattan, KS 66502-3115
(785) 537-2112

Website: www.rileycountypolice.org

Email Address: RCPD@rileycountypolice.org

Bradley J. Schoen
Director



March 12, 2008

City Clerk
City of Manhattan
1101 Poyntz Avenue
Manhattan, KS 66502

Application for:	CEREAL MALT BEVERAGE APPLICATION
Name of Applicant:	DARRAH CHRISTOPHER, JANICE MCKINNEY, KATHY JOHNSTON, MARK JOHNSTON.
Name of Business:	DARA'S FAST LANE #10
Business Address:	2323 TUTTLE CREEK BLVD., MHK 66502

**In accordance with Manhattan City
Ordinances concerning licensing, the
following is indicated.**

Background History Indicates: ALL/NONE.

Drivers License History Indicates: ALL/NONE.

Respectfully,

Capt. Hank Nelson
Support Services Division Commander
Riley County Police Department

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: CHRISTOPHER DEAN DARRAH
2. List any other names you are, or have been known by: CHRIS
3. Date and place of birth: _____ DODGE CITY, KS
4. Social security number: _____
5. List the number and issuing state of your current driver's license: _____

If you do not have a current Kansas license, list the reason: _____

6. Your current residence: 2816 TATARAK

7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas 47 yrs Riley County 43 yrs Pottawatomie County _____

8. Are you a citizen of the United States? YES

9. Telephone Number: 785-776-6682

10. Have you, within the two years immediately prior to the date of this application:

- a. Been convicted of a felony? NO
- b. Been convicted of any crime involving moral turpitude? NO
- c. Been convicted of drunkenness? NO
- d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
NO
- e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
NO
- f. Been convicted of any other crime? NO

11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: _____

12. Are you married? YES If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. **Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.**

Signature 

Date 2-27-09

VERIFICATION

I, CHRIS DARRAH, do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true.

[Signature]
Signature

State of Kansas
County of Riley } ss.

Signed and sworn to (or affirmed) before me on 2/27/08 (date)

By Chris Darrah (name of signer).

[Signature]
Notary's Signature

(Seal, if any)



My commission expires 10/14/08

WAIVER

I, CHRIS DARRAH, authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

[Signature]
Signature

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: JANICE MARIE MCKINNEY DARRAH
2. List any other names you are, or have been known by: JAN DARRAH
3. Date and place of birth: TOPERA, KS
4. Social security number: _____
5. List the number and issuing state of your current driver's license: _____ KS

If you do not have a current Kansas license, list the reason: _____

6. Your current residence: 2816 TATARAX
7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas life Riley County 26 yrs Pottawatomie County _____
8. Are you a citizen of the United States? YES
9. Telephone Number: 785-776-6682
10. Have you, within the two years immediately prior to the date of this application:

- a. Been convicted of a felony? NO
- b. Been convicted of any crime involving moral turpitude? NO
- c. Been convicted of drunkenness? NO
- d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
NO
- e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
NO
- f. Been convicted of any other crime? NO

11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: _____

12. Are you married? YES If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. **Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.**

Signature Jan McKinney Darrah

Date March 3, 2008

VERIFICATION

I, Jan McKinney Darrak do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true.

Jan McKinney Darrak
Signature

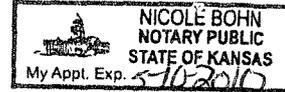
State of Kansas
County of Riley } ss.

Signed and sworn to (or affirmed) before me on 3-3-2008 (date)

By Jan McKinney Darrak (name of signer).

Nicole Bohn
Notary's Signature

(Seal, if any)



My commission expires 5-10-2010

WAIVER

I, Jan McKinney Darrak, authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

Jan McKinney Darrak
Signature

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: Kathy May Johnston
2. List any other names you are, or have been known by: Kathy May Platt
Kathy May Lundquist
3. Date and place of birth: 10/23/57 Manhattan Kansas
4. Social security number: 511-64-2544
5. List the number and issuing state of your current driver's license: K02-77-0021
Kansas

If you do not have a current Kansas license, list the reason: _____

6. Your current residence: 11126 Lakeview Drive Manhattan Kansas
66503

7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas 50 years Riley County 45 years Pottawatomie County 3 years

8. Are you a citizen of the United States? Yes

9. Telephone Number: 785-317-6037

10. Have you, within the two years immediately prior to the date of this application:

- a. Been convicted of a felony? No
- b. Been convicted of any crime involving moral turpitude? No
- c. Been convicted of drunkenness? No
- d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
No
- e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
No
- f. Been convicted of any other crime? No

11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: _____

12. Are you married? Yes If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. **Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.**

Signature Kathy M. Johnston Date 2/29/08

VERIFICATION

I, Kelly M. Johnston do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true)

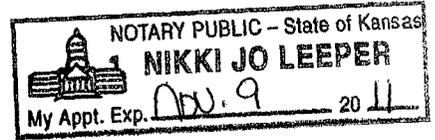
Kelly M. Johnston
Signature

State of KS
County of Riley } ss.

Signed and sworn to (or affirmed) before me on 2-29-08 (date)

By Kathym. Johnston (name of signer).

Nikki Jo Leeper
Notary's Signature



(Seal, if any)

My commission expires Nov. 9, 2011

WAIVER

I, Kelly M. Johnston authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

Kelly M. Johnston
Signature

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: Mark Earl Johnston

2. List any other names you are, or have been known by: None

3. Date and place of birth: 3/3/54 Concordia Kansas

4. Social security number: 510-58-5840

5. List the number and issuing state of your current driver's license: KO2-72-0024
Kansas

If you do not have a current Kansas license, list the reason: _____

6. Your current residence: 11126 Lakeview Drive Manhattan Kansas
66503

7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas 53 years Riley County 31 Pottawatomie County 3 years

8. Are you a citizen of the United States? Yes

9. Telephone Number: 785-317-1651

10. Have you, within the two years immediately prior to the date of this application:

a. Been convicted of a felony? No

b. Been convicted of any crime involving moral turpitude? No

c. Been convicted of drunkenness? No

d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
No

e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
No

f. Been convicted of any other crime? No

11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: _____

12. Are you married? Yes If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. **Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.**

Signature Mark E Johnston

Date 2-29-08

VERIFICATION

I, Mark Earl Johnston, do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true.

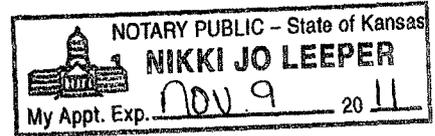
Mark Earl Johnston
Signature

State of KS
County of Riley } ss.

Signed and sworn to (or affirmed) before me on 2-29-08 (date)

By Mark Earl Johnston (name of signer).

Nikki Jo Leeper
Notary's Signature



(Seal, if any)

My commission expires NOV. 9 2011

WAIVER

I, Mark E Johnston, authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

Mark Johnston
Signature

CEREAL MALT BEVERAGE LICENSE APPLICATION

Code of Ordinances Section 4-36

09-0652

I hereby apply for a license to retail cereal malt beverages in the City of Manhattan. This application is for the following type of Cereal Malt Beverage license.

- Consumption on the premises \$275.00
- Original and unopened containers and not for consumption on the premises \$125.00

This application is for a:

- New license application
- Renewal of previously issued license to same applicant and location

Name of applicant for license Leiszler Oil Co, Inc
(If an individual is proposed licensee, give full legal name. If a partnership is proposed licensee, give partnership name and the name of all partners. If a corporation is proposed licensee, give corporate name.)

D/B/A name if different from above Short Stop #12

Name, address, telephone number and legal description of business where license is to be used:

Short Stop #12 785-776-0267

2010 N. Tuttle Creek Blvd

Manhattan, KS 66502

Mailing address if different from above

Applicant is:

- Individual
- Partnership
- Corporation

GO TO PAGE 2, SECTION I
GO TO PAGE 2, SECTION II
GO TO PAGE 3, SECTION III



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance is desired by contacting the **Customer Service Office, 1101 Poyntz Avenue, or call 587-2480** or the TDD Kansas Relay Center at 1-800-766-3777. We are here to assist you in the registration/application process as well.

SECTION I - INDIVIDUAL

1. If you are married, list your spouse's name _____ and have your spouse complete a Cereal Malt Beverage License Application Attachment.
2. Will the place of business be operated by a manager or agent ? If so, set forth the names of all such persons and each must complete a Cereal Malt Beverage Application Attachment.

3. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located.

SECTION II - PARTNERSHIP

1. All married partners must provide their spouse's name in the space provided below. If this is an application for a new license, the applicant shall attach to this application a Cereal Malt Beverage License Application Attachment completed by all of such spouses. If this is a renewal application and spouse is a partner an attachment is required.

2. _____ is the authorized agent of the applicant and has personal knowledge of all facts and circumstances necessary to complete this application and has been duly authorized to complete this application on behalf of the applicant.
List all partners _____

3. All partners must complete a Cereal Malt Beverage License Application Attachment.
4. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located:

5. Set forth the partnership State and Federal Tax Identification Numbers:

SECTION III - CORPORATION

1. List all managers of the business, all officers of the corporation and their corresponding offices, all directors, and all stockholders owning in the aggregate more than 25% of the stock, and have all of said persons complete a Cereal Malt Beverage License Application Attachment:

Alison Leiszler - Vice president

2. All persons listed in answer to question one (1), who are married, must provide their spouse's name in the space provided below. If this is an application for a new license, the applicant shall attach to this application a Cereal Malt Beverage License Application Attachment completed by all of such spouses.

3. Has any person listed in the above question (Question 1) been either a manager, officer, director or stockholder in any corporation, which has had a retailers license revoked pursuant to K.S.A. 41-2708, or which has been convicted of a violation of the Drinking Establishment Act or the cereal malt beverage laws of this state or the corresponding ordinances of any city in this state? Yes No . If so, set forth the name of the individual, the corporation, the date, place and circumstances of the revocation or conviction:

4. Name of resident agent: Alison Leiszler

5. Address of Kansas Registered Office:
635 W Crawford
Clay Center, Mo 67432

6. State and Federal Tax Identification Numbers:
48-0779902
W-026291-3910

7. Alison Leiszler is the authorized agent of the applicant and has personal knowledge of all facts and circumstances necessary to complete this application and has been duly authorized to complete this application on behalf of the applicant.

8. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located:

Leiszler Oil Co, Inc
635 W Crawford Clay Center, Mo 67432

I, Alison Lerszler, am the applicant above named or the authorized agent of the applicant as set forth above. I hereby agree that the applicant will comply with all laws of the State of Kansas and all Ordinances of the City of Manhattan relating to the sale or distribution of cereal malt beverages. I further understand that any violation of such laws, or if any of the information contained herein is false or fraudulent, such may be grounds for revocation of this license. I further agree to timely notify the City of Manhattan of any changes that may occur which would cause the answers to any of the above questions to be different than what is set forth herein.

Signature Alison Lerszler Vice President Date 4-18-08

VERIFICATION

I, Alison Lerszler, do solemnly swear that I have read the contents of this application and that all information and answers herein contained, including information and answers on attached documents, are complete and true.

Alison Lerszler Vice President
Signature

State of Kansas
County of Clay } ss.

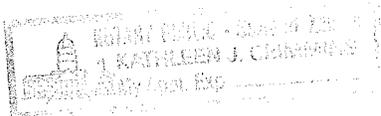
Signed and sworn to (or affirmed) before me on 4-28-08 (date)

By Alison Lerszler (name of signer).

Kathleen J. Crawford
Notary's Signature

(Seal, if any)

My commission expires 11-16-2011



No city license shall be issued hereunder until the premises to be used by licensee complies with all codes and ordinances of the City of Manhattan. The Fire Department and Code Department must be contacted to schedule an inspection prior to license approval. Request for inspection shall be made one week before such inspection is desired.

The following departments have reviewed this application and recommend approval.

Planning and Zoning

5/6/08
Date

Code Inspection

5.9.08
Date

Fire Department

5.9.08
Date

Police Department

see attached
Date

Health Department

4/30/08
Date

FOR OFFICE USE ONLY

Application Date

4/28/08

Fee:

Consumption on premises \$275.00

Consumption off premises \$125.00

(\$25.00 State tax fee per Charter Ordinance No. 21 included in above amount)

125.00

Receipt Number

49351

Check Check # 501287 Cash

Revised August 11, 2005



RILEY COUNTY POLICE DEPARTMENT

1001 S. Seth Child Road
Manhattan, KS 66502-3115
(785) 537-2112

Website: www.rileycountypolice.org

Email Address: RCPD@rileycountypolice.org

Bradley J. Schoen
Director



May 5, 2008

City Clerk
City of Manhattan
1101 Poyntz Avenue
Manhattan, KS 66502

Application for: CEREAL MALT BEVERAGE
Name of Applicant: ALISON LEISZLER, GABRIEL SCHWIESOW
Name of Business: LEISZLER OIL CO., SHORT STOP #12
Business Address: 2010 N. TUTTLE CREEK BLVD. MHK 66502

In accordance with Manhattan City Ordinances concerning licensing, the following is indicated.

Background History Indicates: BOTH/NONE.

Drivers License History Indicates: BOTH/NONE.

Respectfully,

Capt. Hank Nelson
Support Services Division Commander
Riley County Police Department

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: Alison Rose Leiszler
2. List any other names you are, or have been known by: _____
3. Date and place of birth: _____ Wichita KS
4. Social security number: _____
5. List the number and issuing state of your current driver's license: KS

If you do not have a current Kansas license, list the reason: _____

6. Your current residence: 412 Anthony Clay Center KS 67432

7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas life Riley County _____ Pottawatomie County _____

8. Are you a citizen of the United States? yes

9. Telephone Number: 785-632-5648

10. Have you, within the two years immediately prior to the date of this application:

- a. Been convicted of a felony? NO
- b. Been convicted of any crime involving moral turpitude? NO
- c. Been convicted of drunkenness? NO
- d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
NO
- e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
NO
- f. Been convicted of any other crime? NO

11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: _____

12. Are you married? no If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. **Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.**

Signature Alison Rose Leiszler

Date 4/22/08

VERIFICATION

I, Alison Leiszler, do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true.

Alison Leiszler Vice President
Signature

State of Kansas
County of Clay } ss.

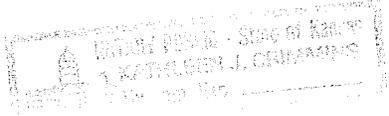
Signed and sworn to (or affirmed) before me on 4-22-08 (date)

By Alison Leiszler (name of signer).

Kathleen J. Cummings
Notary's Signature

(Seal, if any)

My commission expires 11-16-2011



WAIVER

I, Alison Leiszler, authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

Alison Leiszler Vice President
Signature

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: Gabriel Marc Schwiesow
2. List any other names you are, or have been known by: "Gabe"
3. Date and place of birth: _____ Hawarden, Iowa
4. Social security number: _____
5. List the number and issuing state of your current driver's license: KANSAS DL

If you do not have a current Kansas license, list the reason: n/a

6. Your current residence: 1006 Connecticut, Manhattan, Kansas,
66502
7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas Apr. '98 Riley County July '07 Pottawatomie County n/a
8. Are you a citizen of the United States? yes
9. Telephone Number: private
10. Have you, within the two years immediately prior to the date of this application:
- a. Been convicted of a felony? no
 - b. Been convicted of any crime involving moral turpitude? no
 - c. Been convicted of drunkenness? no
 - d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
no
 - e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
no
 - f. Been convicted of any other crime? no
11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: n/a

12. Are you married? no If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.

Signature Gab Schwiesow

Date 4/8/08

VERIFICATION

I, Gabriel Schwiesow, do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true.

[Signature]
Signature

State of Ko
County of Clay } ss.

Signed and sworn to (or affirmed) before me on 4-20-08 (date)

By Gabriel Schwiesow (name of signer).

[Signature]
Notary's Signature

(Seal, if any)

My commission expires 11-16-2011



WAIVER

I, Gabriel Schwiesow authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

[Signature]
Signature

CEREAL MALT BEVERAGE LICENSE APPLICATION

Code of Ordinances Section 4-36

I hereby apply for a license to retail cereal malt beverages in the City of Manhattan. This application is for the following type of Cereal Malt Beverage license.

- Consumption on the premises \$275.00
- Original and unopened containers and not for consumption on the premises \$125.00

This application is for a:

- New license application
- Renewal of previously issued license to same applicant and location

Name of applicant for license PS RAUCH INC
(If an individual is proposed licensee, give full legal name. If a partnership is proposed licensee, give partnership name and the name of all partners. If a corporation is proposed licensee, give corporate name.)

D/B/A name if different from above Valentino's

Name, address, telephone number and legal description of business where license is to be used:

Valentinos
3003 Anderson Ave Suite 901
Manhattan KS 66503 785-539-6444
Mailing address if different from above

Applicant is:

- Individual
- Partnership
- Corporation

GO TO PAGE 2, SECTION I
GO TO PAGE 2, SECTION II
GO TO PAGE 3, SECTION III



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance is desired by contacting the **Customer Service Office, 1101 Poyntz Avenue, or call 587-2480** or the TDD Kansas Relay Center at 1-800-766-3777. We are here to assist you in the registration/application process as well.

SECTION I - INDIVIDUAL

1. If you are married, list your spouse's name _____ and have your spouse complete a Cereal Malt Beverage License Application Attachment.
2. Will the place of business be operated by a manager or agent ? If so, set forth the names of all such persons and each must complete a Cereal Malt Beverage Application Attachment.

3. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located.

SECTION II - PARTNERSHIP

1. All married partners must provide their spouse's name in the space provided below. If this is an application for a new license, the applicant shall attach to this application a Cereal Malt Beverage License Application Attachment completed by all of such spouses. If this is a renewal application and spouse is a partner an attachment is required.

2. _____ is the authorized agent of the applicant and has personal knowledge of all facts and circumstances necessary to complete this application and has been duly authorized to complete this application on behalf of the applicant.
List all partners _____

3. All partners must complete a Cereal Malt Beverage License Application Attachment.
4. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located:

5. Set forth the partnership State and Federal Tax Identification Numbers:

SECTION III - CORPORATION

1. List all managers of the business, all officers of the corporation and their corresponding offices, all directors, and all stockholders owning in the aggregate more than 25% of the stock, and have all of said persons complete a Cereal Malt Beverage License Application Attachment:

PRICE RAUCH
SARA RAUCH

2. All persons listed in answer to question one (1), who are married, must provide their spouse's name in the space provided below. If this is an application for a new license, the applicant shall attach to this application a Cereal Malt Beverage License Application Attachment completed by all of such spouses.

PRICE RAUCH
SARA RAUCH

3. Has any person listed in the above question (Question 1) been either a manager, officer, director or stockholder in any corporation, which has had a retailers license revoked pursuant to K.S.A. 41-2708, or which has been convicted of a violation of the Drinking Establishment Act or the cereal malt beverage laws of this state or the corresponding ordinances of any city in this state? Yes No . If so, set forth the name of the individual, the corporation, the date, place and circumstances of the revocation or conviction:

4. Name of resident agent: PRICE RAUCH

5. Address of Kansas Registered Office:

6. State and Federal Tax Identification Numbers:

7. PRICE RAUCH is the authorized agent of the applicant and has personal knowledge of all facts and circumstances necessary to complete this application and has been duly authorized to complete this application on behalf of the applicant.

8. List the name and address of the owner or owners (landlord) of the premises upon which the proposed business will be located:

S & S Development Mark Samaniri

I, PRICE RAUCH, am the applicant above named or the authorized agent of the applicant as set forth above. I hereby agree that the applicant will comply with all laws of the State of Kansas and all Ordinances of the City of Manhattan relating to the sale or distribution of cereal malt beverages. I further understand that any violation of such laws, or if any of the information contained herein is false or fraudulent, such may be grounds for revocation of this license. I further agree to timely notify the City of Manhattan of any changes that may occur which would cause the answers to any of the above questions to be different than what is set forth herein.

Signature Price Rauch Date 5-1-08

VERIFICATION

I, PRICE E RAUCH, do solemnly swear that I have read the contents of this application and that all information and answers herein contained, including information and answers on attached documents, are complete and true.

Price Rauch
Signature

State of KANSAS
County of RILEY } ss.

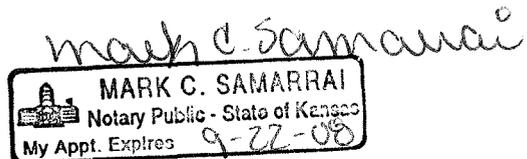
Signed and sworn to (or affirmed) before me on 5/1/08 (date)

By PRICE RAUCH (name of signer).

Mark C. Samarra
Notary's Signature

(Seal, if any)

My commission expires 9-22-08



No city license shall be issued hereunder until the premises to be used by licensee complies with all codes and ordinances of the City of Manhattan. The Fire Department and Code Department must be contacted to schedule an inspection prior to license approval. Request for inspection shall be made one week before such inspection is desired.

The following departments have reviewed this application and recommend approval.

Planning and Zoning

5/6/08
Date

Code Inspection

5.8.08
Date

Fire Department

5.8.08
Date

Police Department

see attached
Date

Health Department

5-12-08
Date

FOR OFFICE USE ONLY

Application Date

5/5/06

Fee:

Consumption on premises \$275.00

Consumption off premises \$125.00

(\$25.00 State tax fee per Charter Ordinance No. 21 included in above amount)

275.00

Receipt Number

53347

Check Check # 1784 Cash

Revised August 11, 2005



RILEY COUNTY POLICE DEPARTMENT

1001 S. Seth Child Road
Manhattan, KS 66502-3115
(785) 537-2112

Website: www.rileycountypolice.org

Email Address: RCPD@rileycountypolice.org

Bradley J. Schoen
Director



08 May 2008

City Clerk
City of Manhattan
1101 Poyntz Avenue
Manhattan, KS 66502

Application for: CMB APPLICATION LICENSE
Name of Applicant: PRICE RAUCH, SARA RAUCH
Name of Business: VALENTINO'S RESTAURANT
Business Address: 3003 ANDERSON AVE., MHK 66502

**In accordance with Manhattan City
Ordinances concerning licensing, the
following is indicated.**

Background History Indicates: BOTH/NONE.

Drivers License History Indicates: BOTH/NONE.

Respectfully,

Capt. Hank Nelson
Support Services Division Commander
Riley County Police Department

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: PRICE E RAUCH

2. List any other names you are, or have been known by: _____

3. Date and place of birth: _____ Salina KS

4. Social security number: _____

5. List the number and issuing state of your current driver's license: _____
KANSAS

If you do not have a current Kansas license, list the reason: _____

6. Your current residence: 3016 Tonga Drive
Manhattan KS 66502

7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas 7 YRS Riley County 4 YRS Pottawatomie County _____

8. Are you a citizen of the United States? YES

9. Telephone Number: 785-539-7706

10. Have you, within the two years immediately prior to the date of this application:
- a. Been convicted of a felony? NO
 - b. Been convicted of any crime involving moral turpitude? NO
 - c. Been convicted of drunkenness? NO
 - d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
NO
 - e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
NO
 - f. Been convicted of any other crime? NO

11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: _____

12. Are you married? YES If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. **Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.**

Signature Price E Rauch

Date 5-1-08

VERIFICATION

I, PRICE E RAUCH, do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true.

Price E Rauch
Signature

State of KANSAS
County of RILEY } ss.

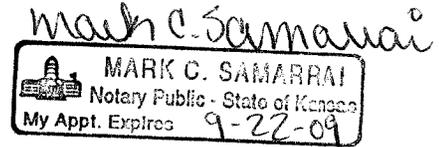
Signed and sworn to (or affirmed) before me on 5/11/08 (date)

By PRICE RAUCH (name of signer).

Mark C. Samarra
Notary's Signature

(Seal, if any)

My commission expires 9-22-09



WAIVER

I, PRICE E RAUCH, authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

Price E Rauch
Signature

CEREAL MALT BEVERAGE LICENSE
APPLICATION ATTACHMENT

1. Full legal name: Sara Lynn RAUCH
2. List any other names you are, or have been known by: _____
3. Date and place of birth: _____
4. Social security number: _____
5. List the number and issuing state of your current driver's license: _____

If you do not have a current Kansas license, list the reason: _____

6. Your current residence: 3016 TONGA DRIVE
Manhattan KS. 66502
7. How long, immediately prior to the date of this application, have you continuously been a resident of:
State of Kansas 7 yrs Riley County 4 yrs Pottawatomie County _____
8. Are you a citizen of the United States? Yes
9. Telephone Number: 785-539-7706

10. Have you, within the two years immediately prior to the date of this application:
- a. Been convicted of a felony? NO
 - b. Been convicted of any crime involving moral turpitude? NO
 - c. Been convicted of drunkenness? NO
 - d. Been convicted of operating a motor vehicle while under the influence of alcohol or drugs?
NO
 - e. Been convicted of violating any law involving the use or abuse of intoxicating liquor or drugs?
NO
 - f. Been convicted of any other crime? NO

11. If your answer to any part of question #10 is yes, set forth the crime, date and place of conviction and a brief explanation of the facts constituting the offense: _____

12. Are you married? Yes If you are married, and your spouse is not the applicant for a license, have your spouse fill out a separate attachment form. **Note: Attachment for spouse only required on new applications or if a change in marital status has occurred since the last application.**

Signature Sara Rauch Date 5-1-08

VERIFICATION

I, Sara L Rauch, do solemnly swear that I have read the contents of this form and that all information and answers herein contained are complete and true.

Sara Rauch
Signature

State of KANSAS
County of RILEY } ss.

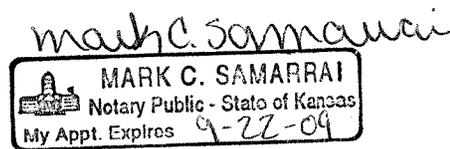
Signed and sworn to (or affirmed) before me on MAY 1, 2008 (date)

By SARA RAUCH (name of signer).

Mark C. Samarra
Notary's Signature

(Seal, if any)

My commission expires 9-22-2009



WAIVER

I, Sara L Rauch, authorize the Riley County Police Department to disclose all criminal history information pertaining to me that they have in their possession, or obtain from other law enforcement agencies, to the City of Manhattan.

Sara Rauch
Signature