EL DORADO CITY COMMISSION – REGULAR MEETING AGENDA
CITY HALL – 220 E. FIRST AVENUE
December 6, 2021 – 6:30 PM

1. **Call to Order**
2. **Roll Call**
3. **Invocation –** Pastor Jurdan Counts with Park Avenue Baptist Church
4. **Pledge of Allegiance –** Circle Middle School Student Council

Proclamations and Recognition

5. Appreciation of Service – Outgoing Commissioners

6. **Adjournment Sine Die**

   Commissioner _____ moved to adjourn the City Commission meeting sine die.

   Commissioner _____ seconded the motion.

7. **Swear in New Members of the Commission**

8. **Call to Order**

Personal Appearances. Personal appearances are opportunities for organizations or citizens to make special presentations before the City Commission. Such appearances are scheduled in advance of the meeting by calling City Clerk Tabitha Sharp at (316) 321-9100 by 5:00 pm the Tuesday preceding the meeting. Presentations are limited to ten minutes. Any presentation is for information purposes only; no action will be taken.

9. None

8. Public Comments. Persons who wish to address the City Commission regarding items not on the agenda and that are under the jurisdiction of the City Commission may do so when called upon the Mayor. Comments on personnel matters and matters pending in court are not permitted. Speakers are limited to three minutes. Any presentation is for information purposes only; no action will be taken.

Consent Agenda *(Consent agenda items will be acted on by one motion unless a majority of the City Commission votes to remove an item for discussion and separate action.)*

9. Approval of City Commission Minutes from November 15, 2021 and Special City Commission Minutes from November 10, 2021.
10. 2022 Cereal Malt Beverage Licenses

a.	Casey's General Store #3331 & 1810	2627 W Central & 1310 N Main
b.	Dillons #29	700 N Main
c.	Dollar General	536 N Main & 2408 W Central
d.	Jumpstart Central	1631 W Central

e.	Jumpstart Inc.	701 N Main
f.	LaCasita Mexican Food & Bakery	212 E. Central
g.	Pizza Hut	2423 W Central & 729 N Main
h.	QuikTrip #310	2314 W Central
i.	Sunny Stop West & East	2575 W Central & 301 E Central
j.	Two Brothers BBQ	1701 W Central
k.	Walgreen #10721	119 W 6th
l.	Walmart	301 S. Village

Old Business

11. None

New Business

12. Vice-Mayor Appointments

13. FEMA Building Resilient Communities (BRIC) Grant Application

14. National Opioid Settlement Case

15. Budget Amendment

Discussion Items

16. None

Reports

17. City Commission and Advisory Board Updates

18. City Manager

a. Legislative Policy Agenda

Adjournment

19. Consideration of a motion to adjourn the December 6, 2021 regular meeting

PUBLIC COMMENT POLICY:

Citizens are encouraged to address the City Commission during regularly scheduled meetings. This policy is intended to provide some guidelines to ensure that all El Dorado citizens have a chance to address the Commission.

1. Each citizen will state their name and address before making comments.
2. There are no residency requirements.
3. Each citizen will have 3 minutes to present his or her comments.
4. An extension of time, if necessary, may be approved but must be by a majority of the City Commission.
5. Comments or questions will be directed only to the City Commission.
6. Citizens will follow the decorum policy.
7. Debate or argument between parties in the audience will not be allowed.
8. Certain legal issues may not be discussed. (Examples include but are not limited to personnel issues, lawsuits, etc.)
9. Violation of this public comment policy will result in the citizen being directed to cease or resume sitting.

Approved by the Commission this 2nd day of May 2005.

EL DORADO CITY COMMISSION MEETING **November 15, 2021**

The El Dorado City Commission met in a regular session on November 15, 2021 at 6:30 p.m. in the Commission Room with the following present: Mayor Bill Young, Commissioner Matt Guthrie, Commissioner Gregg Lewis, Commissioner Nick Badwey, Commissioner Kendra Wilkinson, City Manager David Dillner, City Attorney Ashlyn Lindskog, Finance Director Alyssa Warner, City Engineer Scott Rickard, and City Clerk Tabitha Sharp.

VISITORS

Curt Zieman	128 N Vine	El Dorado, KS
Leon Leachman	1915 Quail Run	El Dorado, KS
Phil Benedict	Chamber of Commerce	El Dorado, KS
Julie Clements	220 E 1st Ave	El Dorado, KS
Suzie Locke	Adams Jones Law Firm	El Dorado, KS
Peter Storandt	105 S Race	El Dorado, KS
Mitch Walter	Gilmore Bell PC	Wichita, KS
Tom Kaleko	Baker Tilly	Kansas City, MO

CALL TO ORDER

Mayor Bill Young called the October 18, 2021 meeting to order.

INVOCATION

Mark Somerville, Family Worship Center, opened the meeting with an invocation.

PLEDGE OF ALLEGIANCE

The City Commission led the Pledge of Allegiance.

PROCLAMATIONS AND RECOGNITION

Mayor Bill Young read a proclamation declaring American Education Week.

Service Awards were presented to the following:

10 Years
Don Argo
Derek Kling
Jay Marshall
Jason Reiswig
Kyla Willson

15 Years
Derick Boggs
Barry Brown

Randy Phares
Travis Pierce
Coby Spear

20 Years
Josh Potter
Scott Rickard
Erik Tharp

25 Years
Joe Haag

30 Years
Dan Jones
Ron McClure

PUBLIC COMMENT

Mayor Bill Young opened the floor for public comments.

Suzie Locke, Adams Jones Law Firm, stated that she is representing Peter and Judith Storandt and would like to start a conversation with the City regarding natural landscaping.

Mayor Young stated that he felt a work session could be scheduled to discuss this.

CONSENT AGENDA

Approval of the City Commission minutes from June 21 and October 18, 2021 and Special City Commission minutes from October 27, 2021.

Approval of Appropriation Ordinance No. 10-21 in the amount of $1,840,701.10.

Commissioner Nick Badwey moved to approve the consent agenda as presented.

Commissioner Kendra Wilkinson seconded the motion.

Motion carried 5 – 0.

NEW BUSINESS

HAZARDOUS MATERIALS AGREEMENT WITH BUTLER COUNTY

City Manager David Dillner stated that the City would like to update the Hazardous Materials Agreement with Butler County. He stated that the County will compensate the City $16,000 per year for the hazardous materials response services. He stated that the new agreement

also provides a mechanism by which the County will assist in the replacement cost of a new HazMat unit which will have to be replaced in the future.

Commissioner Gregg Lewis moved to approve the proposed HazMat agreement and direct the Mayor to sign said agreement.

Commissioner Matt Guthrie seconded the motion.

Motion carried 5 – 0.

REQUEST FOR SPECIAL USE PERMIT APPLICATION FOR 323 S MAIN STREET FOR PUBLIC ASSEMBLY

City Engineer Scott Rickard stated that an application was received for a Public Assembly Venue at 323 S Main Street. He stated that the applicant plants to use the first floor of the building as their weekly meeting space. He stated that the Planning Commission voted unanimously to approve the application.

City Engineer Rickard stated that there were some concerns at the previous work session about liquor laws. He stated that after reviewing the statute, due to the location in the downtown area, the City has the ability to waive the requirement that a liquor license be at least two hundred feet from any religious facility. He stated that all existing establishments will not be affected.

Commissioner Nick Badwey confirmed that the building would be designated as a church.

City Engineer Rickard stated that the applicant was a church, but the Commission has to consider the application on the definition for public assembly.

Commissioner Kendra Wilkinson asked him to clarify.

City Engineer Rickard stated that the Commission must consider it on the basis of the proposed zoning use, not the applicant.

City Attorney Ashlyn Lindskog stated that constitutionally, it must be considered on the zoning use. She stated that City Engineer Rickard gave the additional context because it could have an impact on future development in the area.

Commissioner Gregg Lewis asked if someone could re-open Jax Bar.

City Engineer Rickard stated that the location is more than 200 feet from the building being discussed this evening, so it would be fine.

Commissioner Nick Badwey moved to approve Case No. 21-05-SUP, requesting a Special Use Permit for a Public Assembly Venue at 323 S Main Street and that Ordinance No. G-1359 be approved.

Commissioner Kendra Wilkinson seconded the motion.

Commissioner Lewis asked why it was tabled in the original meeting.

City Engineer Rickard stated that it was tabled because the applicant was present, but the building owner was not and the Planning Commission wanted to ensure that the tenants were made aware of the change.

Roll Call Vote

Position No. 2	Commissioner Gregg Lewis	Yes
Position No. 3	Commissioner Nick Badwey	Yes
Position No. 4	Commissioner Kendra Wilkinson	Yes
	Mayor Bill Young	Yes
Position No. 1	Commissioner Matt Guthrie	Yes

MYERS EAST ADDITION PUBLIC INFRASTRUCTURE AUTHORIZATION (PROJECTS NO. 584 PAVING AND 585 SANITARY SEWER)

City Engineer Rickard stated that bids have been received for paving and the extension of sanitary sewer in the Myers East Addition, which consists of 18 residential lots south and east of Hazlett and Skyview. He stated that McCullough Excavation has submitted the lowest and best bid of $321,083.50.

Commissioner Nick Badwey stated that he was abstaining from the vote because property in this area is owned by his employer.

Commissioner Kendra Wilkinson moved that since McCullough Excavation has submitted the lowest and best bid of $321,083.50 for Project Nos. 584 and 585, the City Manager be directed to award the contract to said contractor providing that the company furnish the proper bonds.

Commissioner Matt Guthrie seconded the motion.

Motion carried 4 – 0 (Commissioner Badwey abstained).

PROPOSED PARKS AND RECREATION ORDINANCES

Kevin Wishart, Parks and Recreation Director, stated that staff are proposing several additions to the Municipal Code, Chapter 18 relating to Parks and Recreation. He stated that the first ordinance would prevent animals that are not service animals at youth recreation events. He stated that over the last few years, the presence of animals has increased and caused problems.

Parks and Recreation Director Wishart stated that the second ordinance was to change the park curfew hours. He stated that previously, the code had stated the parks were closed from 11 p.m. to 5 a.m., he stated that staff would like to change the closure to from dusk to dawn, which

will better suit the changing hours of daylight. He stated that per the Commission's request, recreational facilities that are lit will be exempt from this rule as long as they are being used for their intended purpose.

City Clerk Tabitha Sharp stated that the final ordinance was to add a fine to Chapter 18. She stated that currently there is not one associated with violation of anything in this chapter and that the proposed ordinance would implement a fine of $50 plus court costs.

Motion #1

Commissioner Kendra Wilkinson moved to approve Ordinance No. 1360, an Ordinance of the City of El Dorado, Kansas amending Title 18 of the City of El Dorado, Kansas Municipal Code relating to violation of said section.

Commissioner Nick Badwey seconded the motion.

Motion #2

Commissioner Kendra Wilkinson moved to approve Ordinance No. 1361, an Ordinance of the City of El Dorado amending Title 18 of the El Dorado, Kansas Municipal Code relating animals at youth recreational facilities.

Commissioner Nick Badwey seconded the motion.

Motion #3

Commissioner Kendra Wilkinson moved to approve Ordinance No. 1362, an Ordinance of the City of El Dorado amending Title 18 of the El Dorado, Kansas Municipal Code relating to curfews for park facilities.

Commissioner Nick Badwey seconded the motion.

Motions carried 5 – 0.

GRAHAM PARK NORTH PLAYGROUND EQUIPMENT BID APPROVAL

Parks and Recreation Director Kevin Wishart stated that bids were received and taken to the Parks and Recreation Board for the replacement of the Graham Park North Playground. He stated that they picked their three favorites and put them out to the public for a vote. He stated that the public overwhelmingly approved the bid from ABCreative.

Commissioner Gregg Lewis moved to approve the bid from ABCreative for playground equipment at Graham Park.

Commissioner Matt Guthrie seconded the motion.

Motion carried 5 – 0.

ORSCHELN'S INDUSTRIAL REVENUE BOND CLOSING

Mitch Walter, Gilmore Bell P.C., stated that the Ordinance before the Commission is the last action to complete the financing for the Orscheln's project. He stated that the bond will be issued this year and paid off next year.

Commissioner Nick Badwey moved to approve Ordinance No. G-1364, an ordinance authorizing the City of El Dorado, Kansas to issue its Taxable Industrial Revenue Bonds, Series 2021 (Orscheln Project) for the purpose of the acquisition, construction, and equipping a commercial facility; and authorizing certain other related documents and actions.

Commissioner Kendra Wilkinson seconded the motion.

Motion carried 5 – 0.

KANSAS COLLEGIATE BASEBALL AGREEMENT

Parks and Recreation Director Kevin Wishart stated that the City was approached by the Kansas Collegiate League who requested use of McDonald Stadium for the summer season. He stated that the league will host at least sixteen home games and will be responsible for concourse, grandstand and restroom maintenance. He stated that an agreement has been drawn up stating that and that they will pay the City $2,000 for use of the field. Staff are requesting the Commission allow the City Manager to sign said agreement.

Commissioner Matt Guthrie asked if a name had been developed yet.

Parks and Recreation Director Wishart stated that they had not yet named it.

Commissioner Nick Badwey moved to authorize the City Manager to sign an agreement with the Kansas Collegiate Baseball League.

Commissioner Kendra Wilkinson seconded the motion.

Mayor Bill Young confirmed that we would be able to utilize the field for other recreational games as we normally do.

Parks and Recreation Director Wishart stated that they have control of their schedule and have agreed to work around our recreation games.

Motion carried 5 – 0.

CONSIDERATION AND SALE OF G.O. BONDS, SERIES 2021

Tom Kaleko, Baker Tilly, stated that there are two actions before the Commission. The first is an ordinance authorizing the sale and the second is a Resolution setting the terms. He

stated that the bond is $6,340,000, twenty years for the capital improvement projects, fifteen years for the purchase of a fire truck and 11 for the refinancing of the 2011 bond. He stated that the refinancing of the 2011 bond keeps the same term, but saves $34,500 in interest expenses annually.

Mr. Kaleko stated the original bond was over $7 million, but the purchaser bought the bond at a premium, saving the City money. He stated that the City received seven bids and the winning bid has a true interest cost of 1.45%.

Mr. Kaleko stated that he would like to extend his congratulations to the city staff on their financial management and Gilmore and Bell for their work.

Motion #1

Commissioner Kendra Wilkinson moved to approve Ordinance No. G-1363, an Ordinance authorizing and providing for the issuance of General Obligation Refunding and Improvement Bonds, Series 2021A, of the City of El Dorado, Kansas; providing for the levy and collection of an annual tax for the purpose of paying the principal of and interest on said bonds as they become due; authorizing certain other documents and actions in connection therewith; and making certain covenants with respect thereto.

Commissioner Nick Badwey seconded the motion.

Roll Call Vote

Position No. 3	Commissioner Nick Badwey
Position No. 4	Commissioner Kendra Wilkinson
	Mayor Bill Young
Position No. 1	Commissioner Matt Guthrie
Position No. 2	Commissioner Kendra Lewis

Motion #2

Commissioner Kendra Wilkinson moved to approve Resolution No. 2931, a Resolution prescribing the form and details of and authorizing and directing the sale and delivery of general obligation refunding and improvement bonds, Series 2021A, of the City of El Dorado, Kansas, previously authorized by Ordinance No.G-1363 of the issuer; making certain covenants and agreements to provide for the payment and security thereof; and authorizing certain other documents and actions connected therewith.

Commissioner Nick Badwey seconded the motion.

Motion carried 5 – 0.

REPORTS

CITY COMMISSION AND ADVISORY BOARD UPDATES

Commissioner Nick Badwey stated that the library board met earlier in the month. He stated that they have done some maintenance to their HVAC units, installed a knox box, and got help from Public Works repairing the sump pump. He stated that they have posted a few positions. He stated that he really enjoys his service on the library board because it reaches all manner of citizens.

Mayor Bill Young stated that he knew they would do this in December, but wanted to say that he has really enjoyed serving with Matt and Nick and appreciated their dedication to the City of El Dorado and thanked them for their service.

CITY MANAGER REPORT

City Manager David Dillner stated that staff are currently in the process of beginning a Police Chief search process. He stated that he has been visiting various groups in the community as well as our police department to get feedback on what they would like to see in the future Police Chief.

City Manager Dillner stated that KDOT received the K254 Association's request to do a study on the highway between El Dorado and East Wichita. He stated that we should hear about that in a few months.

City Manager Dillner stated that the Billing Department will be closed on December 2nd for a staff retreat. He stated that the City will be closed for Thanksgiving on November 25th and 26th.

EXECUTIVE SESSION

Commissioner Nick Badwey moved to recess into executive session pursuant to the non-elected personnel exception under K.S.A. 75-4319(b)(1) for the purposes of discussing specifically the City Manager's evaluation, and to reconvene the meeting at 8:10 p.m.

Commissioner Kendra Wilkinson seconded the motion.

Motion carried 5 – 0.

Mayor Bill Young called the meeting back to order at 8:10 p.m.

Commissioner Nick Badwey moved to recess into executive session pursuant to the non-elected personnel exception under K.S.A. 75-4319(b)(1) for the purposes of discussing specifically the City Manager's evaluation, and to reconvene the meeting at 8:10 p.m.

Commissioner Gregg Lewis seconded the motion.

Motion carried 3 – 0 (Commissioners Guthrie and Wilkinson stayed in the conference room).

Mayor Bill Young called the meeting back to order at 8:25 p.m.

Commissioner Nick Badwey stated that the City Commission has approved the City Manager's contract to renew with an annual compensation increase.

ADJOURNMENT

Commissioner Nick Badwey moved to adjourn the meeting at 8:26 p.m.

Commissioner Kendra Wilkinson seconded the motion.

Motion carried 5 – 0.

_____ _____

City Clerk Tabitha D. Sharp Mayor Bill Young

EL DORADO CITY SPECIAL COMMISSION MEETING November 10, 2021

The El Dorado City Commission met in special session on November 10, 2021 at 5:00 pm at 220 E 1st Avenue with the following present: Mayor Bill Young, Commissioner Gregg Lewis, Commissioner Kendra Wilkinson, City Manager David Dillner, and City Engineer Scott Rickard. Absent: Commissioner Matt Guthrie, Commissioner Nick Badwey and City Attorney Ashlyn Lindskog and City Clerk Tabitha Sharp.

VISITORS

Curt Zieman	128 N Vine	El Dorado, KS
Alyssa Warner	220 E 1st Ave	El Dorado, KS
Leon Leachman	1915 Quail Run	El Dorado, KS
Kelly Tetrick	1840 Lakeland Dr	El Dorado, KS
Brad Meyer	220 E 1st Ave	El Dorado, KS

CALL TO ORDER

Mayor Bill Young called the November 10, 2021 Special City Commission meeting to order at 5:00 p.m.

WORK SESSION DISCUSSION ITEMS

FEMA BUILDING RESILIENT INFRASTRUCTURE AND COMMUNITIES (BRIC) GRANT APPLICATION

Finance Director Alyssa Warner stated that staff submitted a letter of intent to the Kansas Division of Emergency management to pursue funding through the FEMA Building Resilient Infrastructure and Communities (BRIC) 2021 grant program for a repetitive loss property mitigation project. She stated that we received approval to move forward with the formal grant request. She stated that the cost of the project would be $500,000 and the City's portion would be $125,000.

City Engineer Scott Rickard stated that this grant would help to better manage the areas within the floodplain. He showed the Commission a map of the areas that we would be able to address through this grant.

The Commission agreed to proceed with the application process.

LEGISLATIVE AGENDA

City Manager David Dillner stated that the purpose of the legislative agenda is to articulate some local legislative priorities. He reviewed the proposed legislative priorities.

REFUSE RATES

City Manager David Dillner stated that competition with other agencies and local businesses has not come out in our favor and we are struggling to recruit new employees and retain current ones. He stated that staff are proposing two options, one to keep refuse and work on a phased approach to increase wages and refuse rates, the second would be to contract out refuse to a private company.

Public Works Director Brad Meyer discussed the pros and cons of moving to a private service.

The Commission asked staff to look at what it would take to keep the refuse division within the City services.

REGULAR AGENDA PREVIEW

The City Commission reviewed the items to be placed on a future agenda.

COMMISSION REPORTS

There were no reports.

ADJOURNMENT

Commissioner Kendra Wilkinson moved to adjourn the meeting at 6:15 p.m.

Commissioner Gregg Lewis seconded the motion.

Motion carried 3 – 0.

_____ _____

City Clerk Tabitha D. Sharp Mayor Bill Young

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of EL DORADO

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☑ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 004-201025921F-01

I have registered as an Alcohol Dealer with the TTB. ☑ Yes (required for new application)

Name of Corporation CASEY'S RETAIL COMPANY	Principal Place of Business ONE SE CONVENIENCE BLVD		
Corporation Street Address ONE SE CONVENIENCE BLVD	Corporation City ANKENY	State IA	Zip Code 50021
Date of Incorporation 04/14/04	Articles of Incorporation are on file with the Secretary of State.	☑ Yes ☐ No	
Resident Agent Name C T CORPORATION SYSTEM	Phone No. 866-331-2303		
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name CASEY'S #1810	Name CASEY'S RETAIL COMPANY, ATTN: GAYLE BEGALSKE
Business Location Address 1310 N MAIN ST	Address PO BOX 3001
City State Zip EL DORADO, KS 67042	City State Zip ANKENY, IA 50021
Business Phone No. (316) 321-4688	☑ Applicant owns the proposed business location. ☐ Applicant does not own the proposed business location.
Business Location Owner Name(s) CASEY'S RETAIL COMPANY	

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name NO PERSONS INDIVIDUALLY OR IN AGGREGATE OWN 25% OR MORE OF CORPORATE STOCK	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
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Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☑ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
TIAGO COELHO	515-601-6311	[redacted]
Residence Street Address	**City**	**Zip Code**
[redacted]	[redacted]	[redacted]

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
N/A	N/A	
Residence Street Address	**City**	**Zip Code**

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☑ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☑ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☑ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☑ 8 ½" by 11" drawing attached.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE Douglas M. Beal DATE 11/9/21

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ **By:** _____

☐ **License Renewed** Valid From Date _____ to _____ **By:** _____

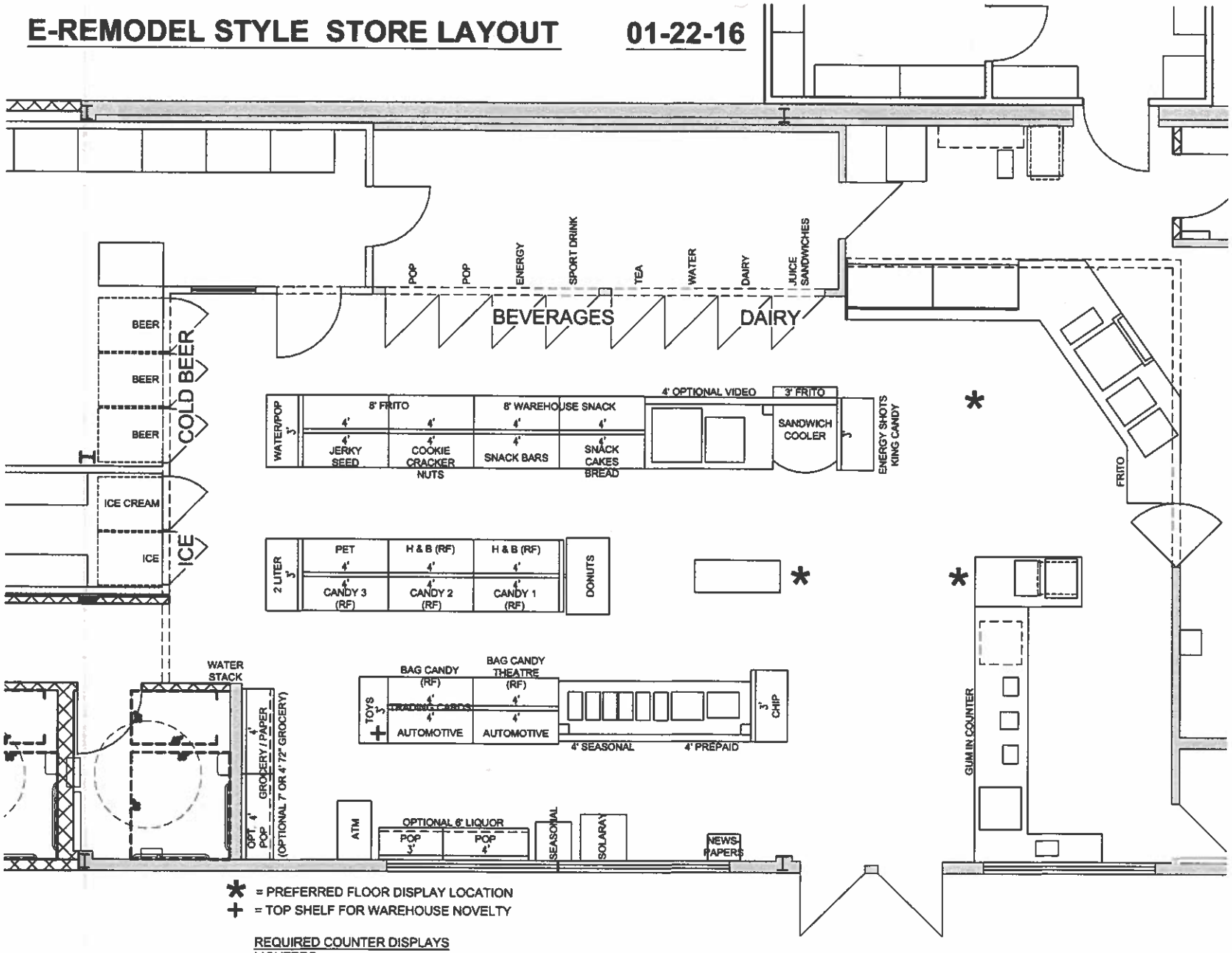
☐ **Special Event Permit Approved** Valid From Date _____ to _____ **By:** _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

Clear Form

E-REMODEL STYLE STORE LAYOUT 01-22-16



* = PREFERRED FLOOR DISPLAY LOCATION
\+ = TOP SHELF FOR WAREHOUSE NOVELTY

REQUIRED COUNTER DISPLAYS
LIGHTERS
OLD WISCONSIN MEAT STICKS
BEST MAID RACK
GUM/CANDY M&M'S RACK
MONTHLY DISPLAYS
BAKERY RACK
ORBIT/POPCORN - ON FOOD SERVICE COUNTER

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of EL DORADO

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☑ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 004-201025921F-01

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Corporation Street Address ONE SE CONVENIENCE BLVD	Corporation City ANKENY	State IA	Zip Code 50021
Date of Incorporation 04/14/04	Articles of Incorporation are on file with the Secretary of State.	☑ Yes ☐ No	
Resident Agent Name C T CORPORATION SYSTEM	Phone No. 866-331-2303		
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name CASEY'S #3331	Name CASEY'S RETAIL COMPANY, ATTN: GAYLE BEGALSKE
Business Location Address 2627 W CENTRAL AVE	Address PO BOX 3001
City State Zip EL DORADO, KS 67042	City State Zip ANKENY, IA 50021
Business Phone No. (316) 321-1202	☑ Applicant owns the proposed business location. ☐ Applicant does not own the proposed business location.
Business Location Owner Name(s) CASEY'S RETAIL COMPANY	

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name NO PERSONS INDIVIDUALLY OR IN AGGREGATE OWN 25% OR MORE OF CORPORATE STOCK	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☑ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
TIAGO COELHO	515-601-6311	[redacted]
Residence Street Address	**City**	**Zip Code**
[redacted]	[redacted]	[redacted]

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
N/A	N/A	
Residence Street Address	**City**	**Zip Code**

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☑ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☑ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☑ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☑ 8 ½" by 11" drawing attached.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE Douglas M. Beech DATE 11/9/21

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ **By:** _____

☐ **License Renewed** Valid From Date _____ to _____ **By:** _____

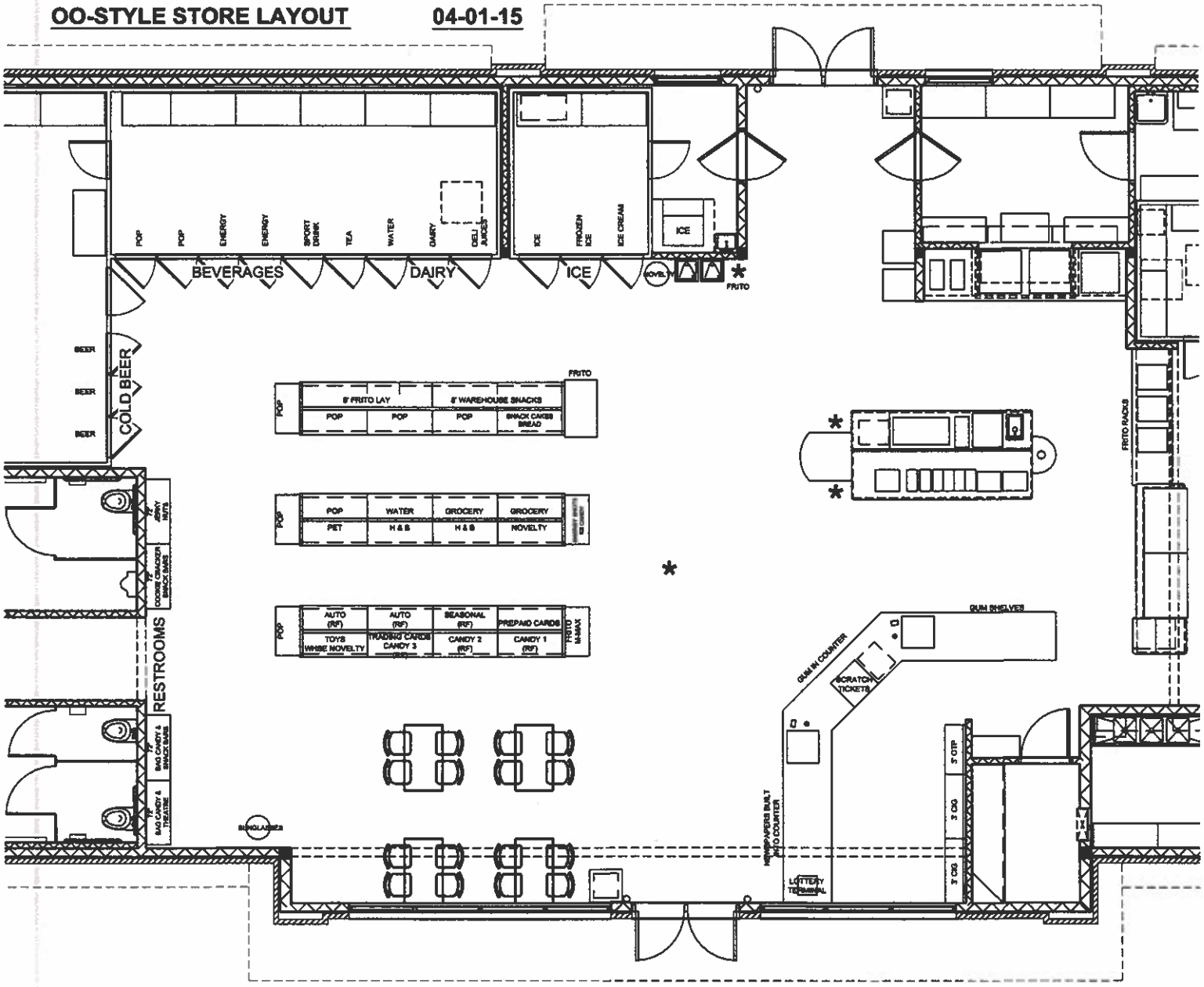
☐ **Special Event Permit Approved** Valid From Date _____ to _____ **By:** _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

Clear Form

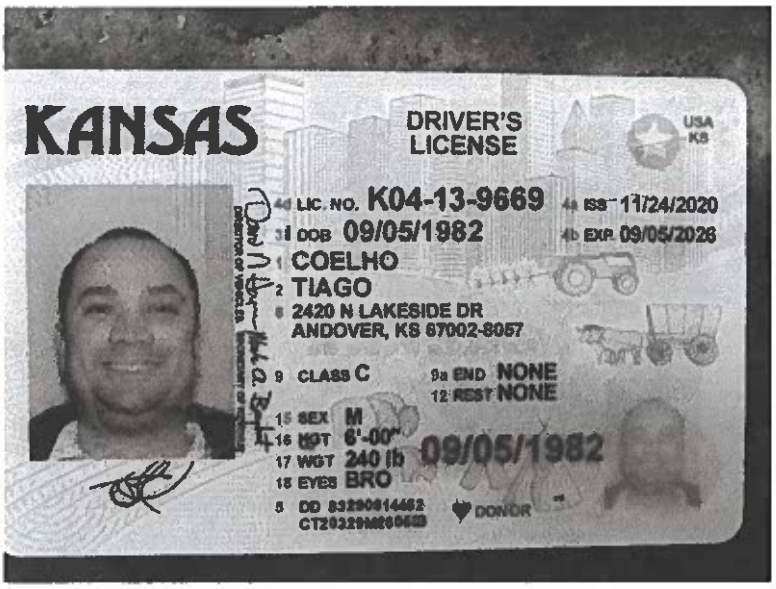
OO-STYLE STORE LAYOUT 04-01-15



* = PREFERRED FLOOR DISPLAY LOCATION
\+ = TOP SHELF FOR WAREHOUSE NOVELTY

REQUIRED COUNTER DISPLAYS
LIGHTERS
OLD WISCONSIN MEAT STICKS
BEST MAID RACK
GUM/CANDY M&M'S RACK
MONTHLY DISPLAYS
BAKERY RACK
ORBIT/POPCORN - ON FOOD SERVICE COUNTER

*SOME COUNTER DISPLAY ITEMS CAN BE DISPLAYED ON EXTRA SHELVING UNDER COUNTER IF NEEDED.


KANSAS
DRIVER'S LICENSE
USA KS
4d LIC. NO. K04-13-9669
4a ISS 11/24/2020
3 DOB 09/05/1982
4b EXP 09/05/2026
1 COELHO
2 TIAGO
8 2420 N LAKESIDE DR
ANDOVER, KS 67002-8057
9 CLASS C
9a END NONE
12 REST NONE
15 SEX M
16 HGT 6'-00"
17 WGT 240 lb
18 EYES BRO
5 DD 83290814462
DONOR
09/05/1982

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of El Dorado

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:

☐ License to sell cereal malt beverages for consumption on the premises.

☑ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 0044801956590F01

I have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation	Principal Place of Business		
Dillon Stores, Div of Dillon Companies, LLC.	2700 E. 4th., P.O. Box 1608		
Corporation Street Address	Corporation City	State	Zip Code
2700 E. 4th., P.O. Box 1608	Hutchinson	KS	67501
Date of Incorporation	Articles of Incorporation are on file with the Secretary of State.	☑ Yes	☐ No
05/13/1921			
Resident Agent Name	Phone No.		
Residence Street Address	City	State	Zip Code

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name: Dillon's #29	Name: Kroger Business License Dept.
Business Location Address: 700 N Main St.	Address: P.O. Box 305103
City: El Dorado, KS 67042 State Zip	City: Nashville, TN 37230-5103 State Zip
Business Phone No.: 316-321-0332	☐ Applicant owns the proposed business location. ☑ Applicant does not own the proposed business location.

Business Location Owner Name(s): El Dorado Group ii, llc. 823 Lindon Court, Wichita, KS 67206

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name	Position		Date of Birth
See Attached			
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.		☑ Yes ☐ No
If yes, provide the following:		
Manager/Agent Name Austin Hindman	Phone No. 316-619-3288	Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	Zip Code [redacted]

Manager or Agent Spousal Information*

Spouse Name Mercedes Hindman	Phone No. [redacted]	Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	Zip Code [redacted]

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☑ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☑ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☑ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☑ 8 ½" by 11" drawing attached.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE DocuSigned by: Rick Agee E7A1B0C3878434... DATE 10/14/2021

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ **By:** _____

☐ **License Renewed** Valid From Date _____ to _____ **By:** _____

☐ **Special Event Permit Approved** Valid From Date _____ to _____ **By:** _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

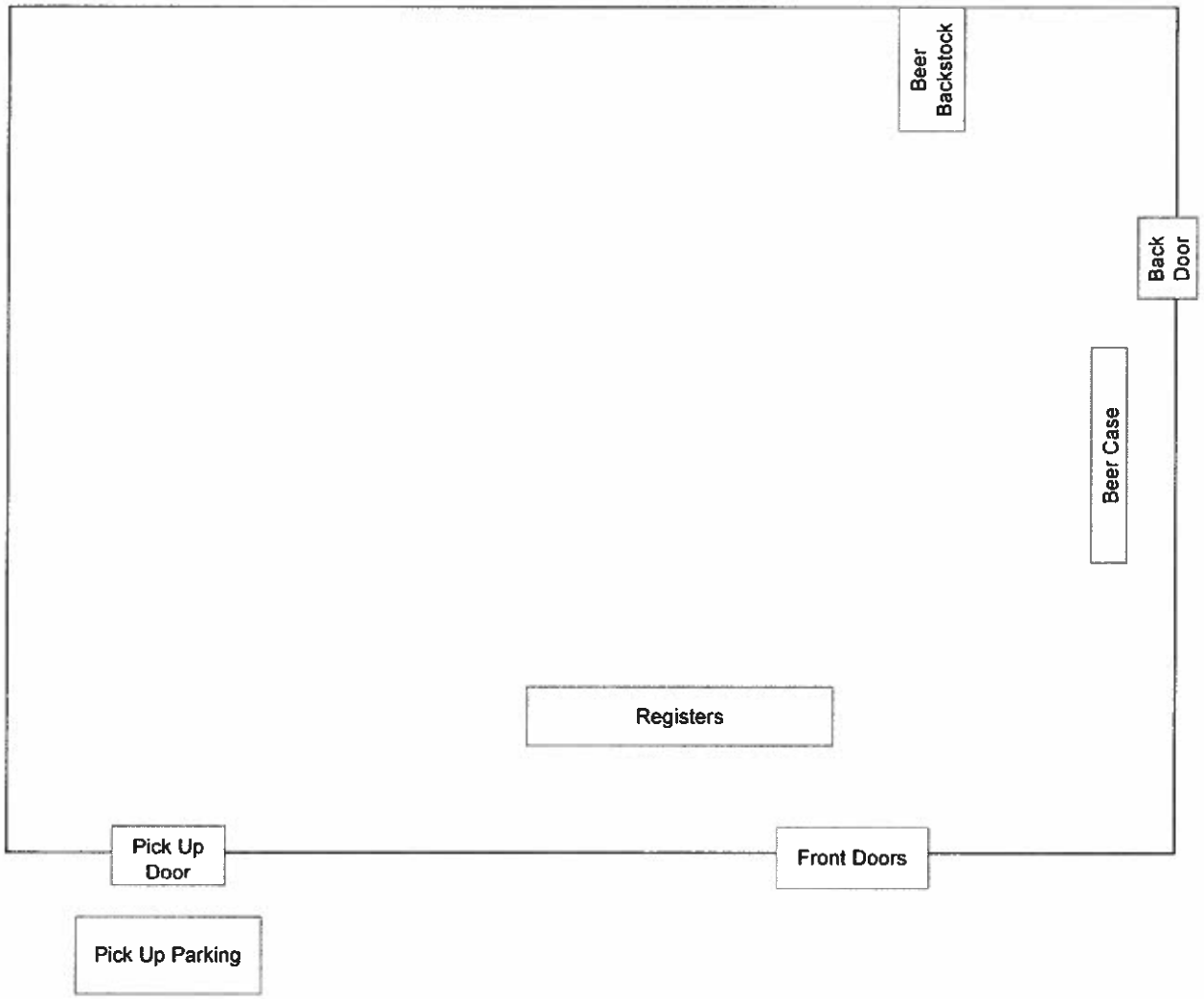
AG CMB Corporate Application (Rev. 12.27.19)

Clear Form

Dillon Companies, LLC

Name	Title	Address	DOB
Dreher, Steve	President	[redacted]	
Wheatley, Christine S.	Vice President and Secretary		
Cossey, Jacqueleen L.	Vice President		
Fike, Carin L.	Vice President and Treasurer		
Landrum, Rick J.	Vice President and Assistant Secretary		
Nelson, Philip B.	Vice President		
Roberts, Dorothy D.	Assistant Secretary		
Bradley, Joseph W.	Assistant Treasurer		

Dillons #29- 700 N. Main, El Dorado, KS 67042



Jan-Dec
12-31-22

2463

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of El Dorado 220 E 1st El Dorado, KS 67042

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☒ Renew License ☐ Special Event Permit $80

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☒ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 00436477242F

I have registered as an Alcohol Dealer with the TTB. ☒ Yes (required for new application)

Name of Corporation	Principal Place of Business		
DG Retail, LLC	2408 W CENTRAL AVE		
Corporation Street Address	Corporation City	State	Zip Code
100 Mission Ridge	Goodlettsville	TN	37072
Date of Incorporation	Articles of Incorporation are on file with the Secretary of State.	X Yes	No
7/15/2005			
Resident Agent Name	Phone No.		
Residence Street Address	City	State	Zip Code

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)			Mailing Address (If different from business address)		
DBA Name			Name		
Dollar General Store #2463			Dollar General Store #2463		
Business Location Address			Address		
2408 W CENTRAL AVE			100 Mission Ridge Attn: Tax Dept		
City	State	Zip	City	State	Zip
EL DORADO	KS	67042-3209	Goodlettsville	TN	37072
Business Phone No.			☐ Applicant owns the proposed business location.		
3162510413			☒ Applicant does not own the proposed business location.		
Business Location Owner Name(s)					
El Dorado Plaza SC LLC					

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name	Position		Date of Birth
No single person owns more than 25% or more or stock			
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

Return Check To:
Christin Walden

Vendor #364430
Invoice #202202463BLBWCITY11
Batch #21636 $ 50.00

AG CMB Corporate ... 0.25.17)

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
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Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☒ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
JOSEPH KHALAF	(615) 961-8697	[redacted]
Residence Street Address	**City**	**Zip Code**
[redacted]	[redacted]	

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	**City**	**Zip Code**

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☐ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☐ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☐ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

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SIGNATURE Cooper Sparkman DATE _____

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date_____to_____By: _____

☐ **License Renewed** Valid From Date_____to_____By: _____

☐ **Special Event Permit Approved** Valid From Date_____to_____By: _____

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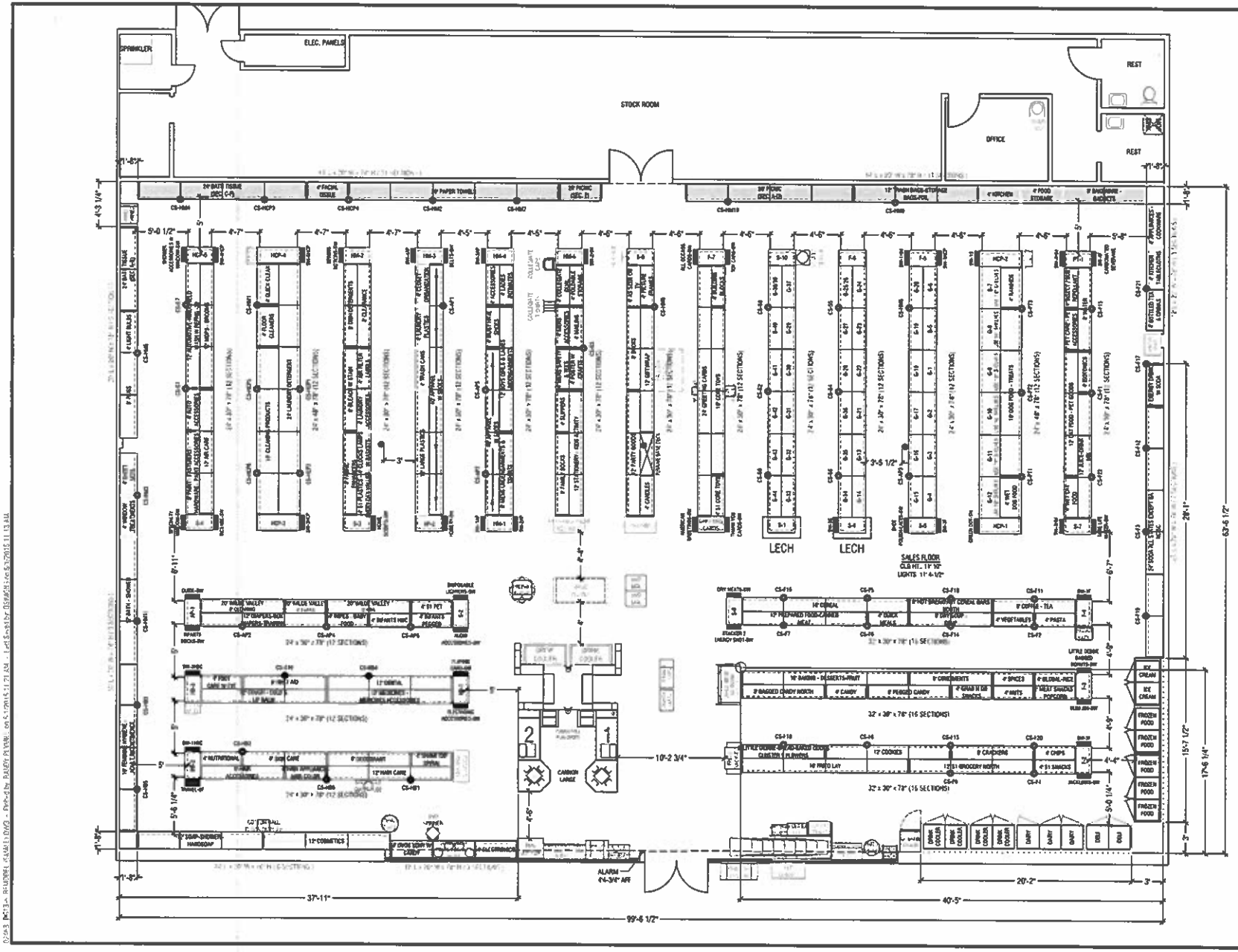
* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)



DOLLAR GENERAL

PRELIMINARY:

DATE: BY:

[1]

[2]

DRAWING HISTORY

DATE: 04/27/15 BY: RLP

DATE:	BY:
[1]	
[2]	
[3]	
[4]	
[5]	
[6]	
[7]	
[8]	
[9]	

PROJECT TYPE: SMALL | REMODEL

PLAN TYPE: CONVENTIONAL

LAYOUT TYPE: DG13-6

SHRINK TYPE: N/A

PICTURE DATE: 06/07/15

SALES FLOOR SQ FT: 6,360

TOTAL SQ FT: 8,000

CEILING HEIGHT: 11' - 10" | LIGHT HEIGHT: 11' - 4"

SEASONAL LF: 168

SALES: $1,198,974

STORE NO.: 02463

ADDRESS: 2408 W CENTRAL AVE

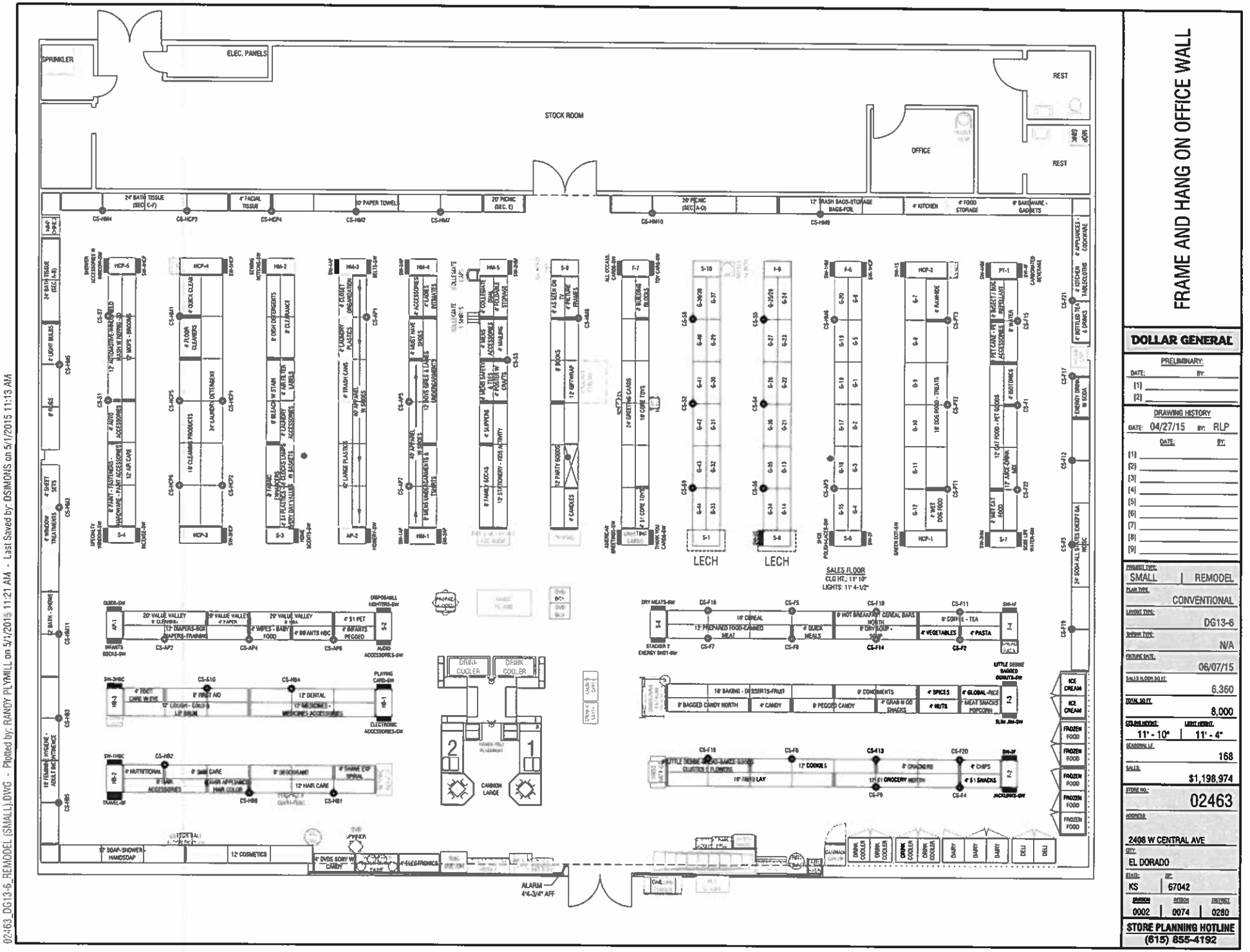
CITY: EL DORADO

STATE: KS | ZIP: 67042

DIVISION	REGION	DISTRICT
0002	0074	0280

STORE PLANNING HOTLINE
(615) 855-4192

DOLLAR GENERAL
02463
REST
MOP SINK
OFFICE
STOCK ROOM
ELEC. PANELS
SPRINKLER
SALES FLOOR CLG HT.: 11'-10"
LECH
LECH
63'-6 1/2"
17'-6 1/4"
15'-7 1/2"
28'-1"
40'-5"
37'-11"
10'-2 3/4"
9'-6 1/2"
6'-3 1/4"
5'-3 1/2"



FRAME AND HANG ON OFFICE WALL

DOLLAR GENERAL

PRELIMINARY:

DATE: BY:

(1)

(2)

DRAWING HISTORY

DATE: 04/27/15 BY: RLP

DATE: BY:

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

PROJECT TYPE: SMALL | REMODEL

PLAN TYPE: CONVENTIONAL

LAYOUT TYPE: DG13-6

PERIMETER TYPE: N/A

PICTURE DATE: 06/07/15

SALES FLOOR SQ FT: 6,360

TOTAL SQ FT: 8,000

STORE HEIGHT: 11' - 10" | LIGHT HEIGHT: 11' - 4"

SEASONAL LF: 168

SALES: $1,198,974

STORE NO.: 02463

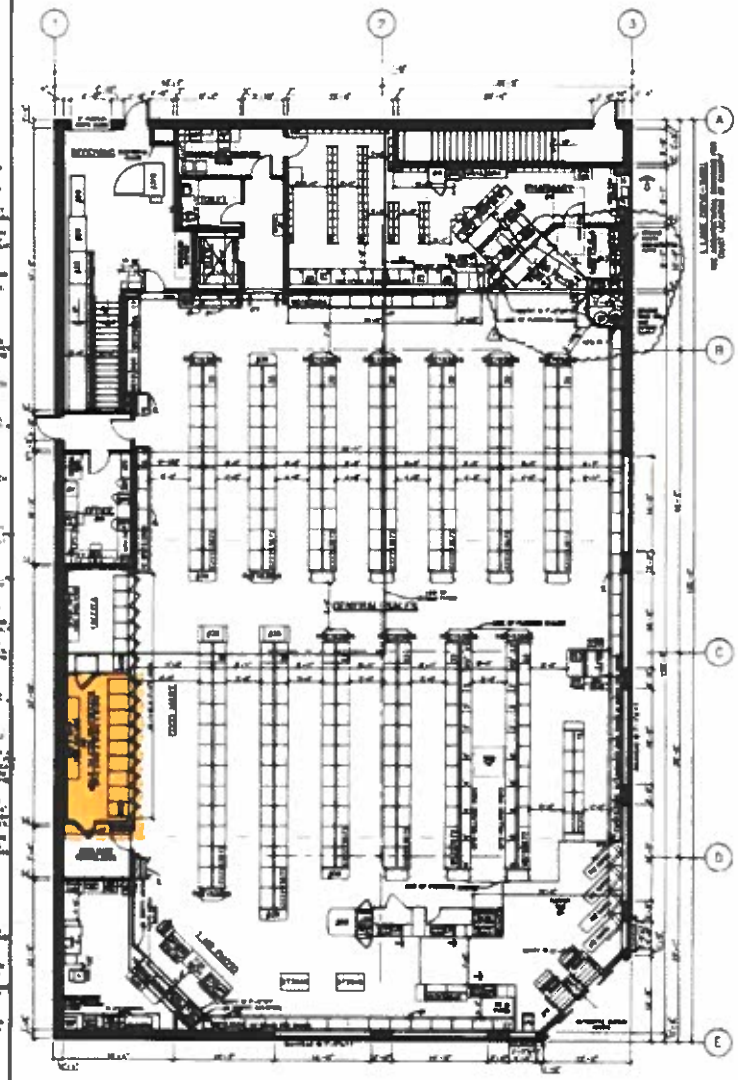
ADDRESS: 2408 W CENTRAL AVE

CITY: EL DORADO

STATE: KS | ZIP: 67042

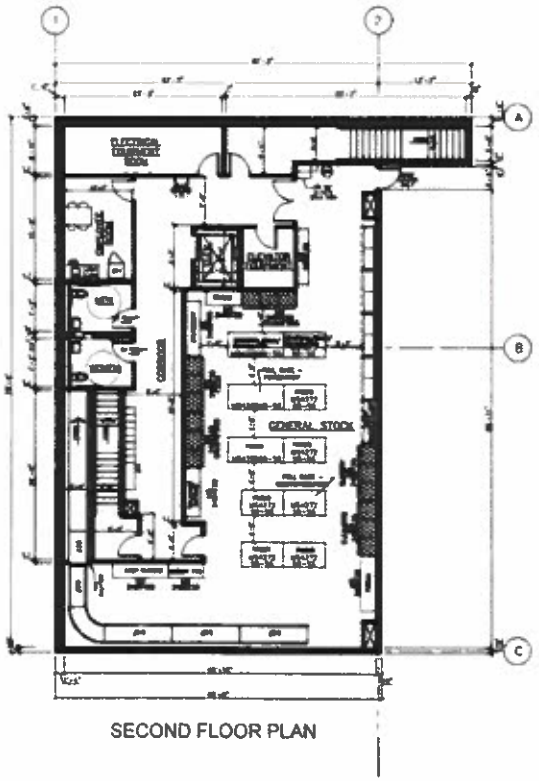
DIVISION: 0002 | REGION: 0074 | DISTRICT: 0280

STORE PLANNING HOTLINE
(615) 855-4192



FIRST FLOOR PLAN

1 FIXTURE FLOOR PLAN



SECOND FLOOR PLAN

GENERAL NOTES

PROJECT DATA

GOMMK FOOT AREA SUMMARY

SUMMARY OF CHANGES

LINEAL FOOTAGE

PROMO FOOTAGE

SQUARE FOOTAGE

FIXTURE LEGEND

REMODEL & MATCH LEGEND

FIXTURE COLOR LEGEND

PMR FURNITURE LEGEND

BUSINESS OWNER APPROVAL | DATE

REVISIONS

STORE NUMBER 19721

WALGREENS

NORTH MAIN STREET & WEST 6TH AVENUE

EL DORADO, ARKANSAS

FIXTURE FLOOR PLAN

D-111

Jan-Dec
12-31-22

7072

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of El Dorado 220 E 1st St El Dorado, KS 6704

SECTION 1 – LICENSE TYPE

$80

Check One: ☐ New License ☒ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☒ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 00436477242F

I have registered as an Alcohol Dealer with the TTB. ☒ Yes (required for new application)

Name of Corporation	Principal Place of Business		
DG Retail, LLC	536 N MAIN ST		
Corporation Street Address	**Corporation City**	**State**	**Zip Code**
100 Mission Ridge	Goodlettsville	TN	37072
Date of Incorporation	**Articles of Incorporation are on file with the Secretary of State.**		**X Yes No**
7/15/2005			
Resident Agent Name	**Phone No.**		
Residence Street Address	**City**	**State**	**Zip Code**

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name: Dollar General Store #7072	Name: Dollar General Store #7072
Business Location Address: 536 N MAIN ST	Address: 100 Mission Ridge Attn: Tax Dept
City: EL DORADO State: KS Zip: 67042-2024	City: Goodlettsville State: TN Zip: 37072
Business Phone No.: 3162510340	☐ Applicant owns the proposed business location. ☒ Applicant does not own the proposed business location.

Business Location Owner Name(s): North Main Center

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name	Position		Date of Birth
No single person owns more than 25% or more or stock			
Residence Street Address	**City**	**State**	**Zip Code**
Spouse Name	**Position**		**Date of Birth**
Residence Street Address	**City**	**State**	**Zip Code**
Name	**Position**		**Date of Birth**
Residence Street Address	**City**	**State**	**Zip Code**
Spouse Name	**Position**		**Age**
Residence Street Address	**City**	**State**	**Zip Code**
Name	**Position**		**Date of Birth**
Residence Street Address	**City**		**Zip Code**

Return Check To:
Christin Walden:

Vendor #364430
Invoice #202207072BLBWCITY36
Batch #21636
$ 50.00

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
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Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.		☒ Yes ☐ No
If yes, provide the following:		
Manager/Agent Name JOSEPH KHALAF	Phone No. (615) 961-8697	Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	Zip Code

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☐ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☐ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☐ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☒ 8 ½" by 11" drawing attached.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE Cooper Spaeth DATE [illegible]

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

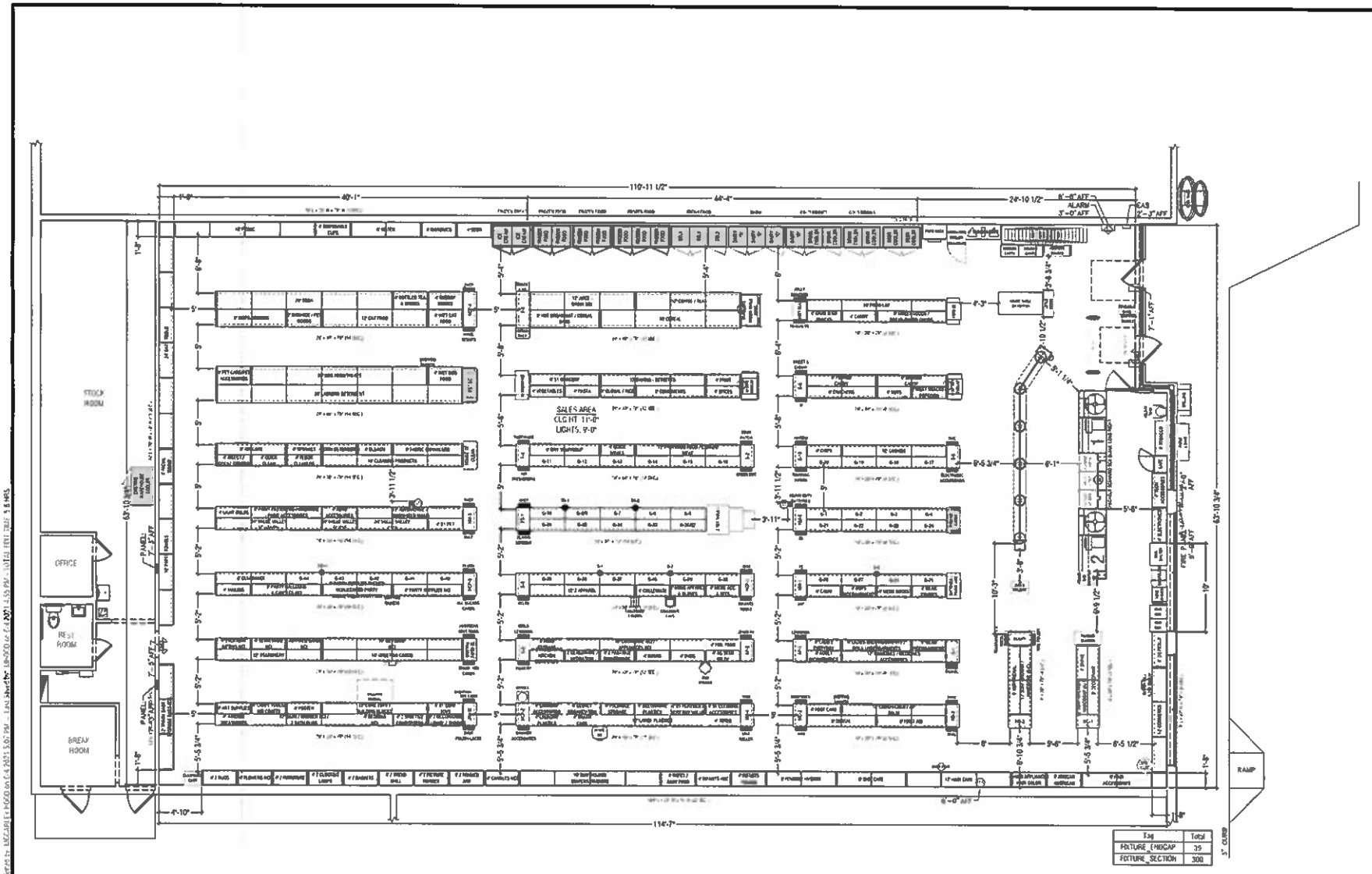
☐ **New License Approved** Valid From Date_____ to_____ By: _____

☐ **License Renewed** Valid From Date_____ to_____ By: _____

☐ **Special Event Permit Approved** Valid From Date_____ to_____ By: _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 915 SW HARRISON STREET, TOPEKA, KS 66612.

* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)



DOLLAR GENERAL

DRAWING HISTORY

DATE: 06/04/21 BY: AJY

	DATE:	BY:
[1]		
[2]		
[3]		
[4]		
[5]		
[6]		
[7]		
[8]		
[9]		
[10]		
[11]		

PROJECT TYPE: INITIATIVE

FORMAT TYPE: DG16

PLAN TYPE: CONV

LAYOUT TYPE: NCI

LP DESIGNATION: STANDARD ENHANCED

FIXTURE DATE: 07/12/21

SALES FLOOR SQ FT: 7,252

WAREHOUSE SQ FT: 1,126 | TOTAL SQ FT: 8,378

CEILING HEIGHT: 11'-0"

LIGHT HEIGHT: 9'-0"

SEASONAL SECTIONS: 43

SECTION COUNT: 300 | ENDCAP COUNT: 39

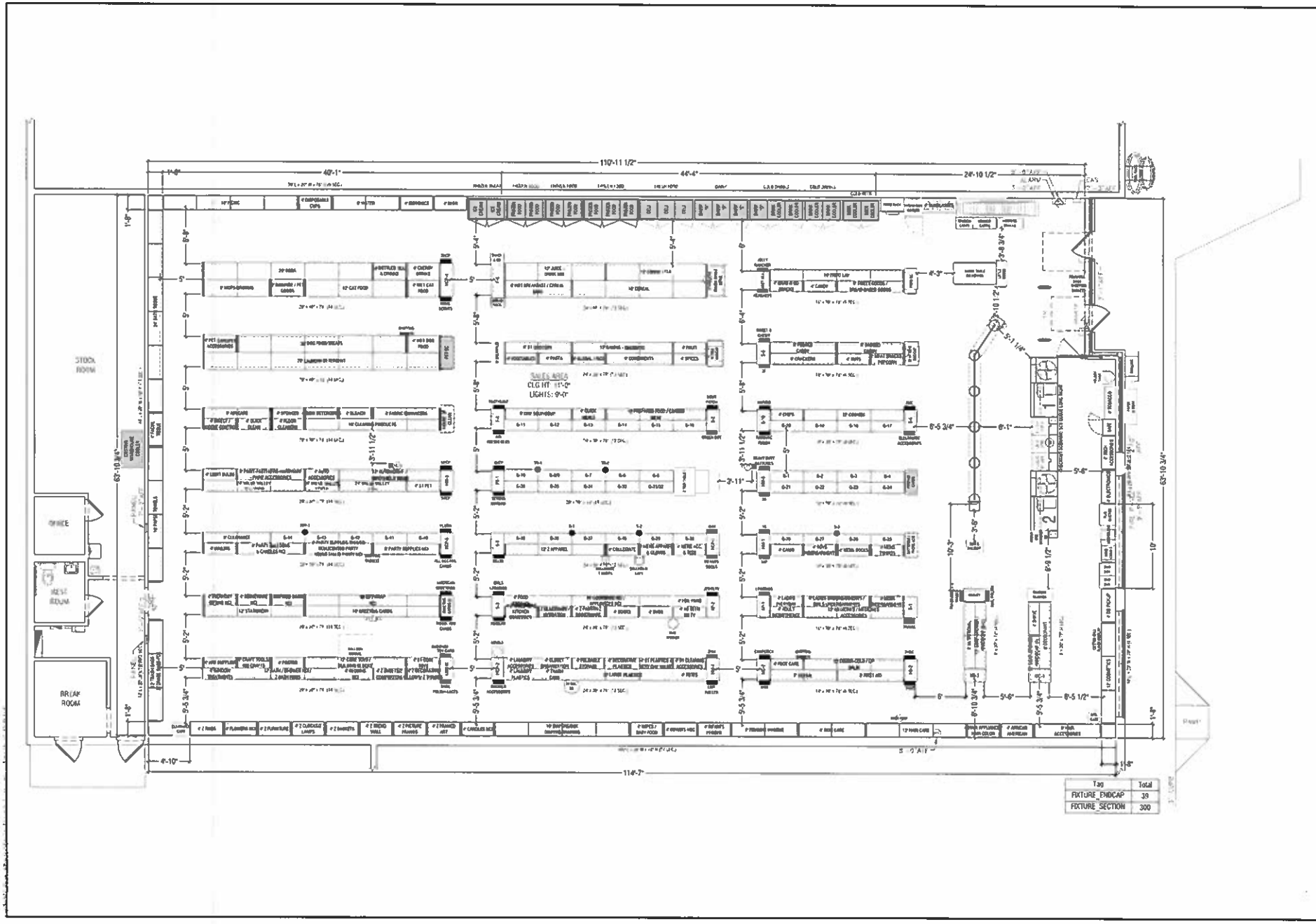
STORE NUMBER: 07072

ADDRESS: 536 N MAIN ST

CITY: EL DORADO

STATE: KS | ZIP: 67042

STORE PLANNING HOTLINE
(615) 855-5385

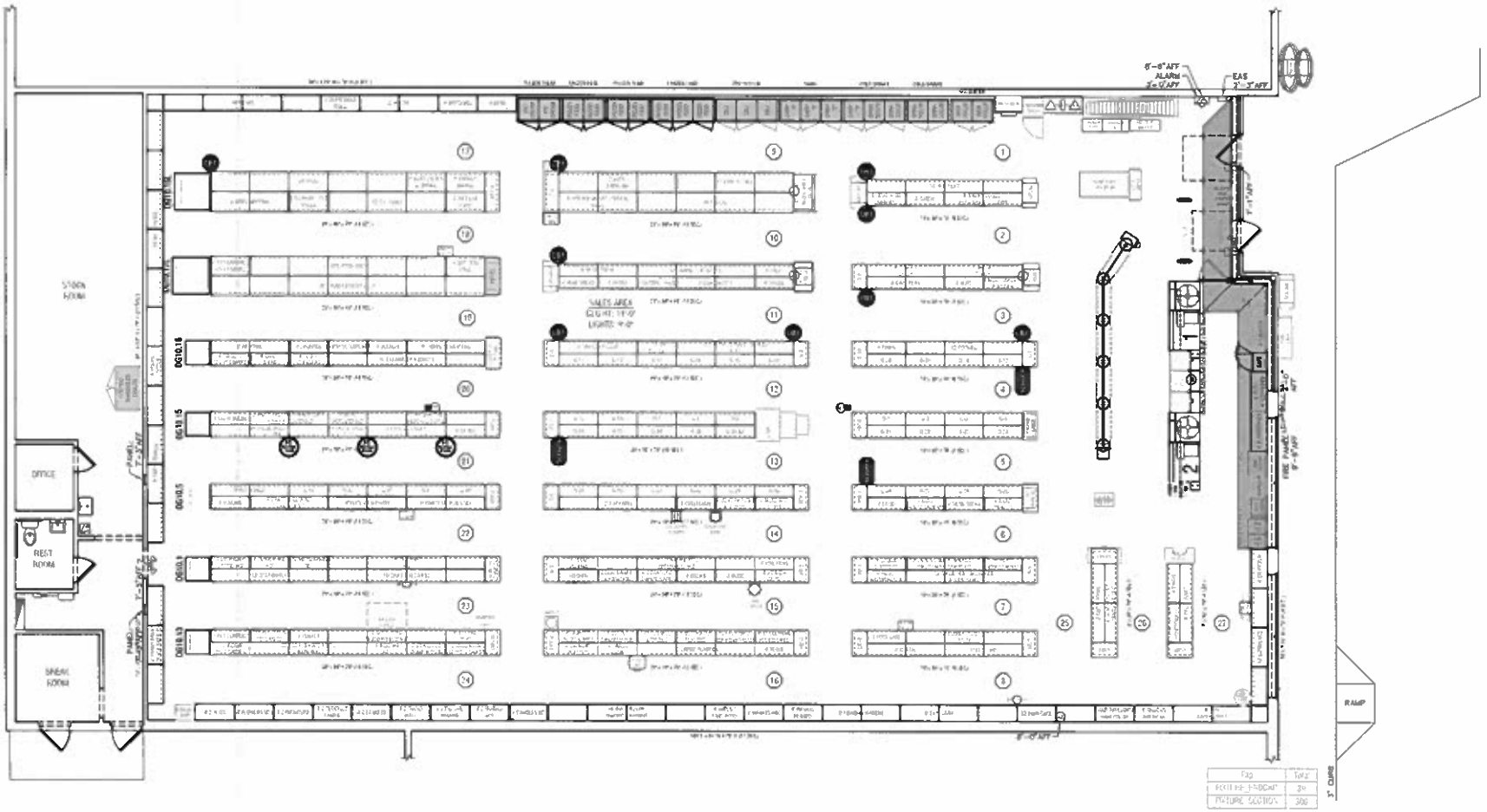


DOLLAR GENERAL

BRANDING HISTORY

mm/dd/yy	BY
06/04/21	AJY

BRANDING: INITIATIVE
BRANDING: DB16
BRANDING: CONV
BRANDING: 9IC1
CONSTRUCTION: STANDARD ENHANCED
BRANDING DATE: 07/12/21
GROSS BUILDING SQ. FT.: 7,252
RETAIL SQ. FT.: 1,129 | SALES AREA: 6,378
CEILING HEIGHT: 11'-0"
WALL HEIGHT: 9'-0"
BRANDING SECTIONS: 43
SECTIONS LINEAR: 300 | SECTIONS STACKED: 39
STORE #: 07072
ADDRESS: 538 N MAIN ST
CITY: EL DORADO
STATE: KS | ZIP: 67042
STORE PLANNING HOTLINE (615) 855-5385



NOTE: INSTALLATION OF ALL DECOR SIGNAGE HANDLED BY STORE OPENING TEAM.

DOLLAR GENERAL

DRAWING HISTORY

DATE: 06/04/21 BY: AJY

	DATE:	BY:
[1]		
[2]		
[3]		
[4]		
[5]		
[6]		
[7]		
[8]		
[9]		
[10]		
[11]		

PROJECT TYPE: INITIATIVE

FORMAT TYPE: DG16

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LP DESIGNATION: STANDARD ENHANCED

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STATE: KS | ZIP: 67042

STORE PLANNING HOTLINE
(615) 855-5385

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of El Dorado, Ks

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☑ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 004-451283780F-01

I have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation Jump Start Stores Inc	Principal Place of Business 701 N Main Eldorado, Ks 67042		
Corporation Street Address 100 E Waterman St	Corporation City Wichita	State Ks	Zip Code 67002
Date of Incorporation 04-01-11	Articles of Incorporation are on file with the Secretary of State.	☑ Yes ☐ No	
Resident Agent Name Kristin Ghere	Phone No. 316-807-3805		
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)			Mailing Address (If different from business address)		
DBA Name Jump Start Stores Inc			Name Jump Start Stores #12		
Business Location Address 701 N Main			Address 100 E Waterman St		
City Eldorado	State Kansas	Zip 67042	City Wichita	State Ks	Zip 67202
Business Phone No. 316-452-5203 or 316-768-2882			☐ Applicant owns the proposed business location. ☑ Applicant does not own the proposed business location.		
Business Location Owner Name(s) Cheryl Werth					

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name Phillip L Near	Position President		Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Spouse Name Cheryl Werth	Position Secretary		Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Name Cheryl Werth	Position Secretary		Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Spouse Name Phillip L Near	Position President		Age [redacted]
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
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Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☑ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
Laura Segovia	620-794-9381	[redacted]
Residence Street Address	**City**	**Zip Code**
[redacted]	[redacted]	[redacted]

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	**City**	**Zip Code**

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☑ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☑ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☑ Yes ☐ No

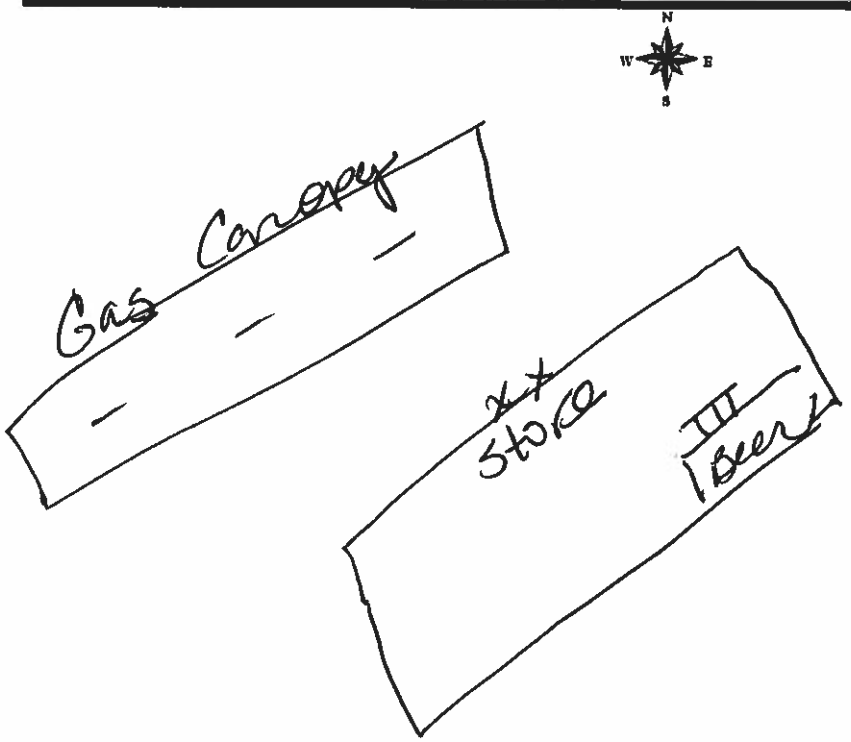
SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☐ 8 ½" by 11" drawing attached.



I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE _____ DATE 10/21/21

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ **By:** _____

☐ **License Renewed** Valid From Date _____ to _____ **By:** _____

☐ **Special Event Permit Approved** Valid From Date _____ to _____ **By:** _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

Clear Form

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of El Dorado, KS

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☑ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 004-844236848-F01

I have registered as an Alcohol Dealer with the TTB. ☑ Yes (required for new application)

Name of Corporation: The Lewis Convenience Group, LLC	FEIN: 84-4236848		
Corporation Street Address: 3006 N Topaz Circle	Corporation City: Wichita	State: KS	Zip Code: 67205
Date of Incorporation: January 10, 2020	Articles of Incorporation are on file with the Secretary of State. ☑ Yes ☐ No		
Resident Agent Name: Maria Angela Lewis	Phone No.: 402-206-4567		
Residence Street Address: [redacted]	City: [redacted]	State: [redacted]	Zip Code: [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name: The Lewis Convenience Group #3	Name: The Lewis Convenience Group, LLC
Business Location Address: 1631 W Central Ave	Address: 3006 N Topaz Cir
City: El Dorado State: KS Zip: 67042	City: Wichita State: KS Zip: 67205
Email Address(s) Please separate values with a comma.: akosbe2@gmail.com	
Business Phone No.: 402-206-4567	☐ Applicant owns the proposed business location. ☑ Applicant does not own the proposed business location.
Business Location Owner Name(s): Haeri Investments III, LLC	

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name: Maria Angela Lewis	Position: Managing Agent		Date of Birth: [redacted]
Residence Street Address: [redacted]	City: [redacted]	State: [redacted]	Zip Code: [redacted]
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
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Residence Street Address	City	State	Zip Code
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Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☑ Yes ☐ No

If yes, provide the following:

Manager/Agent Name: Maria Ansela Lewis	Phone No. 402 206 4567	Date of Birth [redacted]
Residence Street Address [redacted]	City and State [redacted]	Zip Code [redacted]

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	City and State	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Applies to each partner or member of a firm or association AND their spouses*. Enter lowest residency length number**.

Are all persons identified in Sections 4 & 5 Citizens of the United States*?	☑ Yes ☐ No
Is the person identified in Section 5 currently a resident of Kansas*?	☑ Yes ☐ No
All persons identified in Sections 4 & 5 are at least 21 years old*?	☑ Yes ☐ No
All persons in Sections 4 & 5 have been a Kansas resident for at least 9 years prior to submitting this application.**	
Within 2 years immediately preceding the date of this application, have any persons identified in Sections 4 & 5 been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law?	☐ Yes ☑ No
Does the partnership, firm or association have a manager, officer, director or stockholder owning in the aggregate more than 25% of the stock of a corporation that has had any license issued pursuant to the Kansas Liquor Control Act, Kansas Club and Drinking Establishment Act or Kansas Cereal Malt Beverage Act, revoked for a violation of such acts?	☐ Yes ☑ No
Has the spouse of any partner or member ever been convicted of any of the crimes identified in Section 6 during the time the partner or member held a CMB license?	☐ Yes ☑ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

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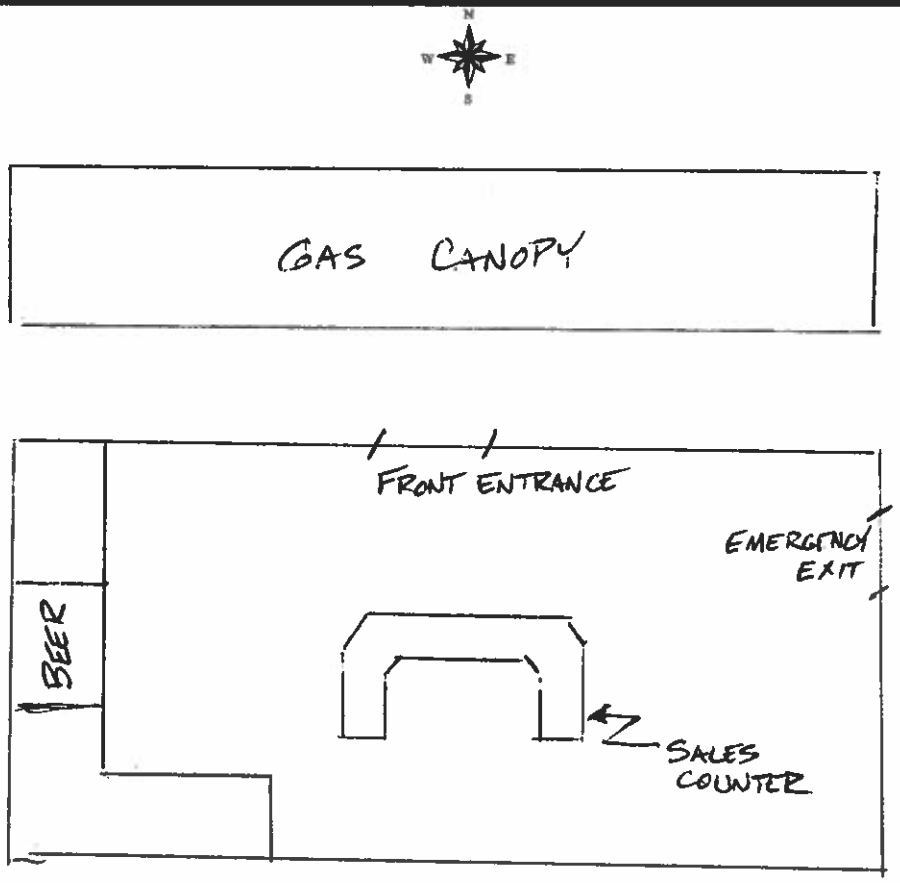

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE _____ DATE 11-30-2021

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

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☐ **License Renewed** Valid From Date _____ to _____ **By:** _____

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Clear Form

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(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of El Dorado

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☑ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 004-730675375F-01

I have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation QuikTrip Corporation	Principal Place of Business QuikTrip Corporation		
Corporation Street Address 4705 S 129th E Ave	Corporation City Tulsa	State OK	Zip Code 74134
Date of Incorporation 5-19-1958	Articles of Incorporation are on file with the Secretary of State.	☑ Yes ☐ No	
Resident Agent Name Jason White	Phone No. 918-615-7700		
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)			Mailing Address (If different from business address)		
DBA Name QuikTrip #310			Name QuikTrip Licensing		
Business Location Address 2314 W Central Ave			Address PO BOX 2927		
City El Dorado	State KS	Zip 67042	City Tulsa	State OK	Zip 74101
Business Phone No. 316-321-1580			☑ Applicant owns the proposed business location. ☐ Applicant does not own the proposed business location.		
Business Location Owner Name(s) QuikTrip Corporation					

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name None owning more than 25%	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
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Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
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Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☑ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
Jason White	404-384-9306	[redacted]
Residence Street Address	City	Zip Code
[redacted]	[redacted]	[redacted]

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☑ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☑ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☑ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☑ 8 ½" by 11" drawing attached.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE _____ DATE 11/9/2021

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ By: _____

☐ **License Renewed** Valid From Date _____ to _____ By: _____

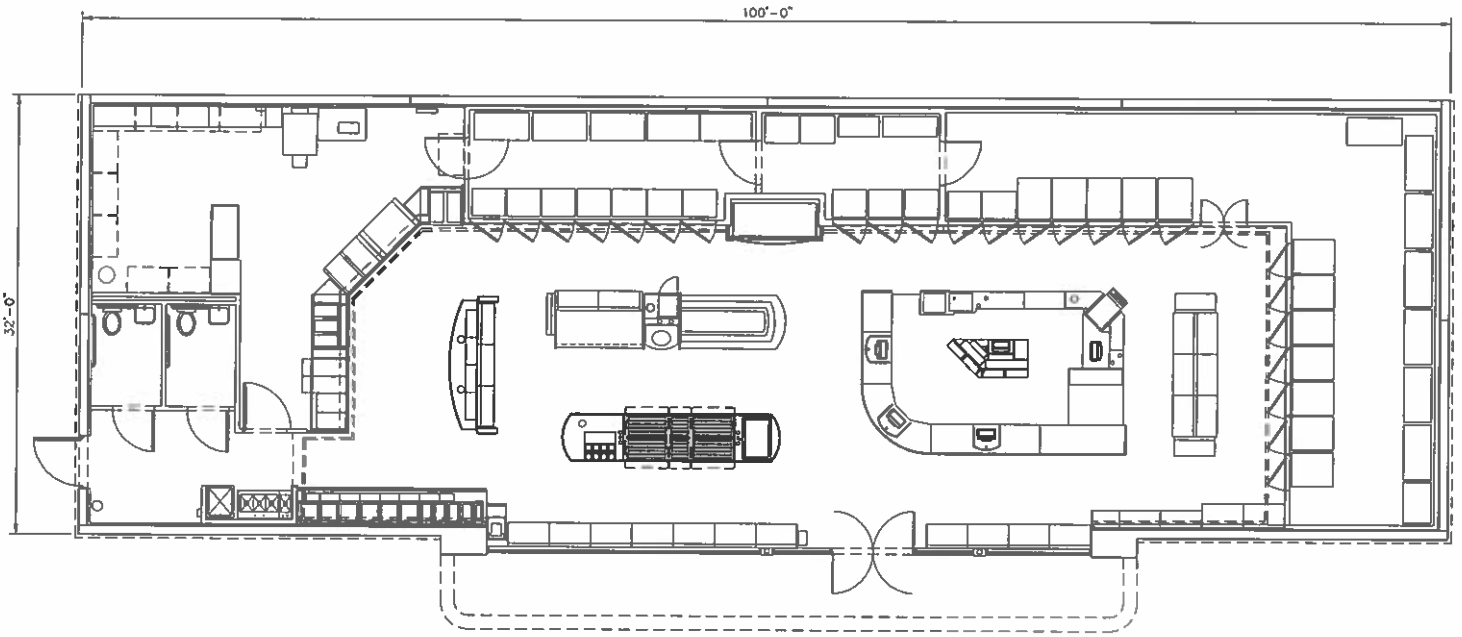
☐ **Special Event Permit Approved** Valid From Date _____ to _____ By: _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

AG CMB Corporate Application (Rev. 12.27.19)

Clear Form



SCALE: 3/32

Open Store Floor Plan	03-0310
3280	3400
02/14/14	TRC

REVISION LOG

DATE	DESCRIPTION	DATE	DESCRIPTION	DATE	DESCRIPTION	DATE	DESCRIPTION	DATE	DESCRIPTION	DATE	DESCRIPTION	DATE	DESCRIPTION
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]										
[illegible]	[illegible]	[illegible]	[illegible]										

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of _____

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☐ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required):

I have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation SUNNY STOP STORE. LLC	Principal Place of Business		
Corporation Street Address 301 E CENTRAL AV	Corporation City ELDORADO	State KS	Zip Code 67042
Date of Incorporation	Articles of Incorporation are on file with the Secretary of State.	☐ Yes ☐ No	
Resident Agent Name SOHAN L SARUYA	Phone No.		
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name SUNNY STOP EAST	Name
Business Location Address 301 E CENTRAL AV	Address
City ELDORADO State KS Zip 67042	City State Zip
Business Phone No. 316 · 321 · 5544	☐ Applicant owns the proposed business location. ☐ Applicant does not own the proposed business location.
Business Location Owner Name(s)	

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
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Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☐ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

Manager or Agent Spousal Information*

Spouse Name BHAJAN KAUR	Phone No. 316 323 4904	Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness; (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☐ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☐ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☐ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☐ 8 ½" by 11" drawing attached.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE _____ DATE 11/15/21

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ **By:** _____

☐ **License Renewed** Valid From Date _____ to _____ **By:** _____

☐ **Special Event Permit Approved** Valid From Date _____ to _____ **By:** _____

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* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

AG CMB Corporate Application (Rev. 12.27.19)

Clear Form

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of _____

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☐ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required):

I have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation SUNNY STOP WEST	Principal Place of Business
Corporation Street Address 2575 W CENTRAL AV	Corporation City ELDORADO State KS Zip Code 67042
Date of Incorporation	Articles of Incorporation are on file with the Secretary of State. ☐ Yes ☐ No
Resident Agent Name SOHAN L SAROYA	Phone No. 316-323-4904
Residence Street Address [redacted]	City [redacted] State [redacted] Zip Code [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name SUNNY STOP WEST	Name
Business Location Address 2575 W CENTRAL AV	Address
City ELDORADO State KS Zip 67042	City State Zip
Business Phone No. 316-321-1365	☐ Applicant owns the proposed business location. ☐ Applicant does not own the proposed business location.
Business Location Owner Name(s)	

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
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Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☐ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

Manager or Agent Spousal Information*

Spouse Name BHAJAN KAUR	Phone No. 316 323-4904	Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☐ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☐ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☐ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

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I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE _____ DATE 11/15/21

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ **By:** _____

☐ **License Renewed** Valid From Date _____ to _____ **By:** _____

☐ **Special Event Permit Approved** Valid From Date _____ to _____ **By:** _____

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Clear Form

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of El Dorado

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:
☑ License to sell cereal malt beverages for consumption on the premises.
☐ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 004-270703696 F-01

I have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation Ryan Boys El Dorado Inc	Principal Place of Business 1701 W Central Ave		
Corporation Street Address 1701 W Central Ave	Corporation City El Dorado	State KS	Zip Code 67042
Date of Incorporation 08/2009	Articles of Incorporation are on file with the Secretary of State.	☑ Yes ☐ No	
Resident Agent Name Mark T Ryan	Phone No. 316-204-3292		
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name Two Brothers BBQ	Name
Business Location Address 1701 W Central Ave	Address
City State Zip El Dorado, KS 67042	City State Zip
Business Phone No. 316-452-5522	☑ Applicant owns the proposed business location. ☐ Applicant does not own the proposed business location.
Business Location Owner Name(s) Ryan Boys El Dorado Inc	

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name Thomas J Ryan	Position President		Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Spouse Name Carole D Ryan	Position		Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Name Matthew J Ryan	Position Vice President		Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Spouse Name Anastasia Ryan	Position		Age
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Name Mark T Ryan	Position Treasurer		Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Spouse Name Trisha Ryan	Position		Age [redacted]
Residence Street Address [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
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Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☑ Yes ☐ No

If yes, provide the following:

Manager/Agent Name Mark T Ryan	Phone No. 316-204-3292	Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	Zip Code [redacted]

Manager or Agent Spousal Information*

Spouse Name Trisha Ryan	Phone No. [redacted]	Date of Birth [redacted]
Residence Street Address [redacted]	City [redacted]	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE

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All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☑ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date N/A	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

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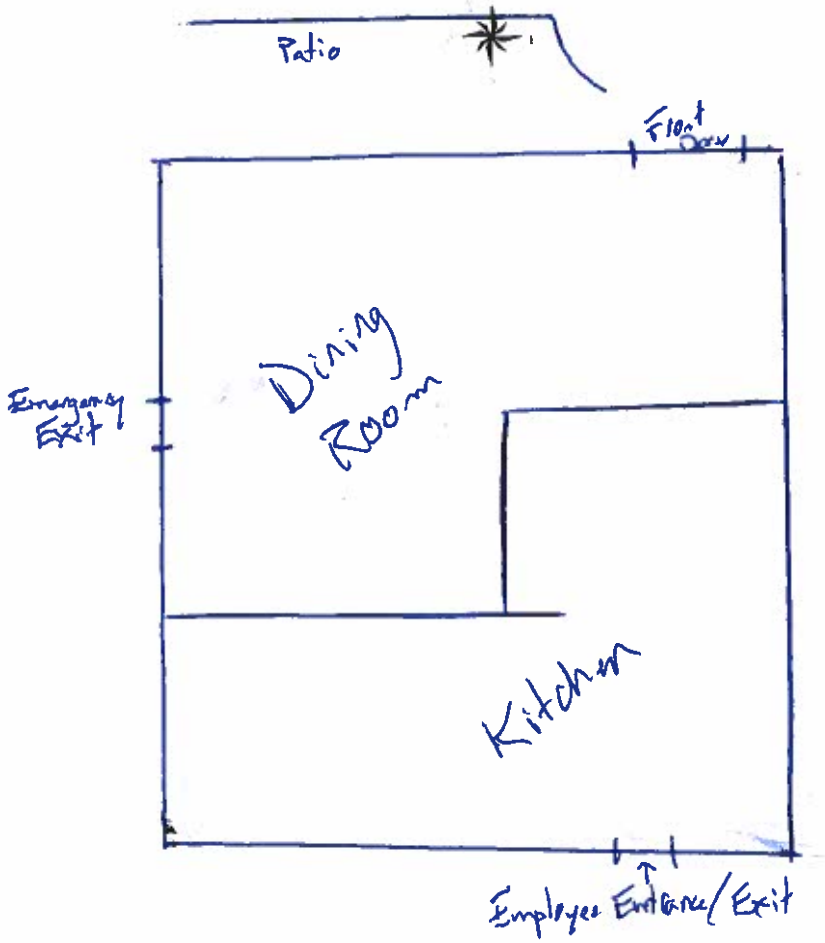

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE _____ DATE 11/15/2021

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ By: _____

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AG CMB Corporate Application (Rev. 12.27.19)

Clear Form

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☐ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness; (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☐ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☐ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☐ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☑ City or ☐ County of El Dorado

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☑ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☑ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 004-361924025F-01

I have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation: WALGREEN CO.	Principal Place of Business: 300 WILMOT RD		
Corporation Street Address: 300 WILMOT RD	Corporation City: DEERFIELD	State: IL	Zip Code: 60015
Date of Incorporation: 2-15-1909	Articles of Incorporation are on file with the Secretary of State.	☑ Yes ☐ No	
Resident Agent Name: KIMBERLY CARTER	Phone No.: 316-250-0711		
Residence Street Address: [redacted]	City: [redacted]	State: [redacted]	Zip Code: [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)			Mailing Address (If different from business address)		
DBA Name: WALGREENS #10721			Name: WALGREEN CO.		
Business Location Address: 119W 6th Ave			Address: PO BOX 901		
City: El Dorado	State: KS	Zip: 67042	City: DEERFIELD	State: IL	Zip: 60015
Business Phone No.: 620-342-3301			☑ Applicant owns the proposed business location. ☐ Applicant does not own the proposed business location.		
Business Location Owner Name(s): Waltrust Properties, Inc.					

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name: PLEASE SEE ATTACHED CORPORATE RIDER	Position		Date of Birth
Residence Street Address: TO OUR KNOWLEDGE NO ONE PERSON OWNS AS MUCH AS 25% OF COMPANY STOCK	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
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Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☑ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
Kimberly Carter	316-250-0711	[redacted]
Residence Street Address	**City**	**Zip Code**
[redacted]	[redacted]	

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	**City**	**Zip Code**
NA		

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☑ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☑ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☑ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☑ 8 ½" by 11" drawing attached.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE Judith Menkin Judith Menkin License Specialist DATE 11/22/21

847-527-3993

FOR CITY/COUNTY OFFICE USE ONLY:

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ **By:** _____

☐ **License Renewed** Valid From Date _____ to _____ **By:** _____

☐ **Special Event Permit Approved** Valid From Date _____ to _____ **By:** _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

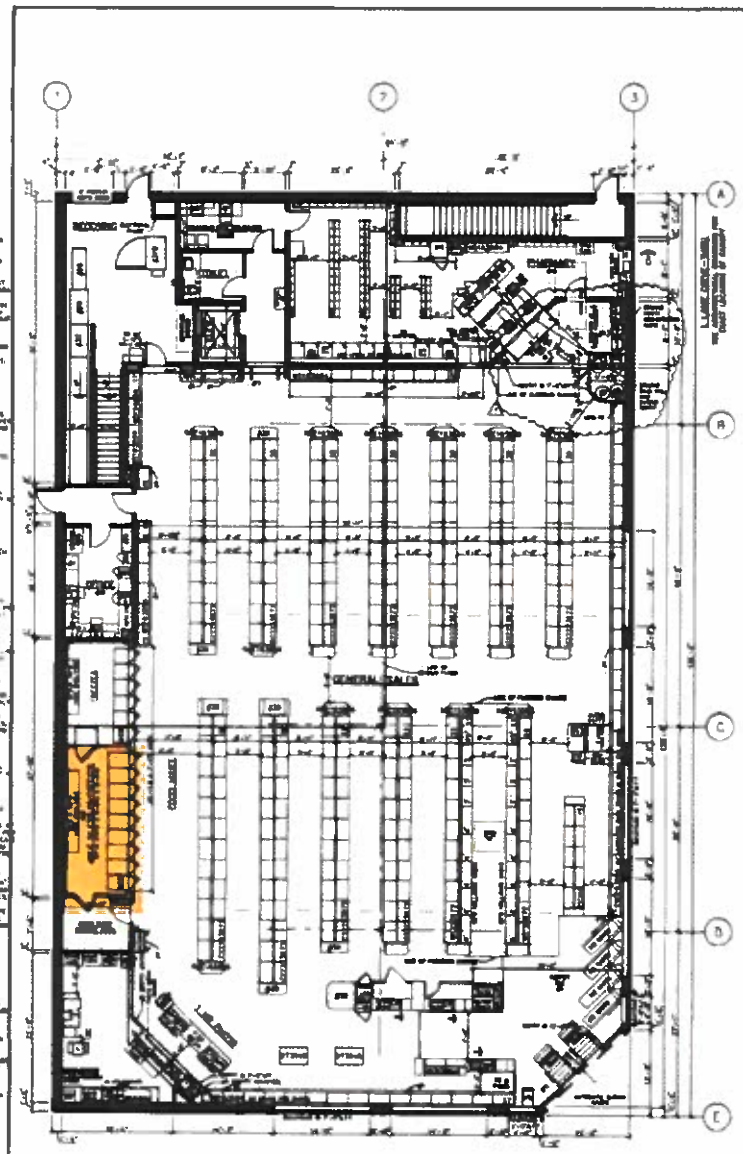
Clear Form

WALGREEN CO.
OFFICERS AND DIRECTORS

TITLE	NAME	SSN	DATE OF BIRTH	DRIVER'S LICENSE	PLACE OF BIRTH	HOME ADDRESS	CORPORATE ADDRESS	PHONE NUMBER	OWNERSHIP
President & Director	John T Standley	[redacted]				[redacted]	108 Wilmot Road Deerfield, IL 60015	(847) 315-2500	0%
Senior Vice President and Chief Financial Officer, Walgreens & Treasurer, Walgreen Co.	Jeffery F. Gruener						108 Wilmot Rd. Deerfield, IL 60015	(847) 315-2500	0%
Senior Vice President, Pharmacy and Retail Operations	Lisa Badgley						108 Wilmot Road Deerfield, IL 60015	(847) 315-2500	0%
Secretary	Joseph B. Amsbary, Jr.						108 Wilmot Road Deerfield, IL 60015	(847) 315-2500	0%
Assistant Treasurer	Susan Halliday						108 Wilmot Road Deerfield, IL 60015	(847) 315-2500	0%

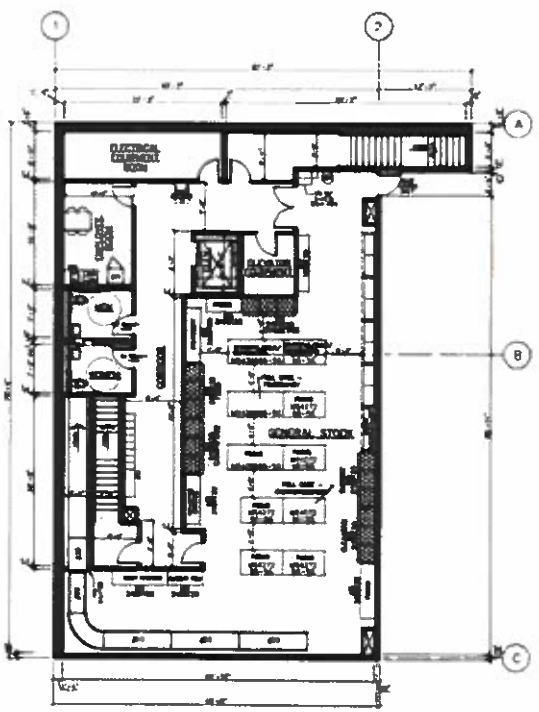
OBJECTIVES OF THE COMPANY - The purpose or purposes for which the corporation is organized are: To manufacture, compound, buy, sell, and generally deal in drugs, medicines, chemicals and druggists' sundries of all kinds at wholesale and retail together with all goods, wares and merchandise.

Rev, 11/16/21



FIRST FLOOR PLAN

1 FIXTURE FLOOR PLAN



SECOND FLOOR PLAN

GENERAL NOTES

PROJECT DATA

SQUARE FOOT AREA SUMMARY

SUMMARY OF CHANGES

LINEAL FOOTAGE

PROMO FOOTAGE

SQUARE FOOTAGE

FIXTURE LEGEND

SYMBOL & HATCH LEGEND

BUSINESS OWNER APPROVAL | DATE

FIXTURE COLOR LEGEND

FHR FURNITURE LEGEND

REVISIONS

FIXTURE FLOOR PLAN

STORE NUMBER 19721

WALGREENS

NORTH MAIN STREET & WEST 6TH AVENUE

EL DORADO, KANSAS

D-111

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

☐ City or ☐ County of _____

SECTION 1 – LICENSE TYPE

Check One: ☐ New License ☒ Renew License ☐ Special Event Permit

Check One:
☐ License to sell cereal malt beverages for consumption on the premises.
☒ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): 8004-7104515186-f

I have registered as an Alcohol Dealer with the TTB. ☒ Yes (required for new application)

Name of Corporation: Walmart Inc.		Principal Place of Business: Bentonville	
Corporation Street Address: 702 Sw 8th Street		Corporation City: Bentonville	State: AR / Zip Code: 72716
Date of Incorporation: 10-31-1969		Articles of Incorporation are on file with the Secretary of State	☒ Yes ☐ No
Resident Agent Name: The Corporation Company, Inc		Phone No.: 913-294-5400	
Residence Street Address: [redacted]		City: [redacted]	State: [redacted] / Zip Code: [redacted]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name: Walmart #186	Name: Walmart Licensing
Business Location Address: 301 S Village Rd	Address: 702 Sw 8th Street
City: El Dorado / State: KS / Zip: 67042	City: Bentonville / State: AR / Zip: 72716
Business Phone No.: 316-322-8100	☒ Applicant owns the proposed business location. ☐ Applicant does not own the proposed business location.
Business Location Owner Name(s): Wal-mart Real Estate Business Trust	

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name: see attached	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
Residence Street Address	City	State	Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Name	Position		Date of Birth
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Residence Street Address	City	State	Zip Code
Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent.	☒ Yes ☐ No

If yes, provide the following:

Manager/Agent Name: David Reading	Phone No.: 479-360-3229	Date of Birth: [redacted]
Residence Street Address: [redacted]	City: [redacted]	Zip: [redacted]

Manager or Agent Spousal Information*

Spouse Name: Tesha Reading	Phone No.: 479-360-3229	Date of Birth: [redacted]
Residence Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.	☐ Yes ☒ No
Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.	☐ Yes ☒ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	☒ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ PM

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☐ 8 ½" by 11" drawing attached.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE D Keeding DATE 11-23-21

FOR CITY/COUNTY OFFICE USE ONLY.

☐ **License Fee Received** Amount $_____ Date _____
($25 - $50 for Off-Premise license or $25-200 On-Premise license)

☐ **$25 CMB Stamp Fee Received** Date _____

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **Verified applicant has registered with the TTB as an Alcohol Dealer**

☐ **New License Approved** Valid From Date _____ to _____ By: _____

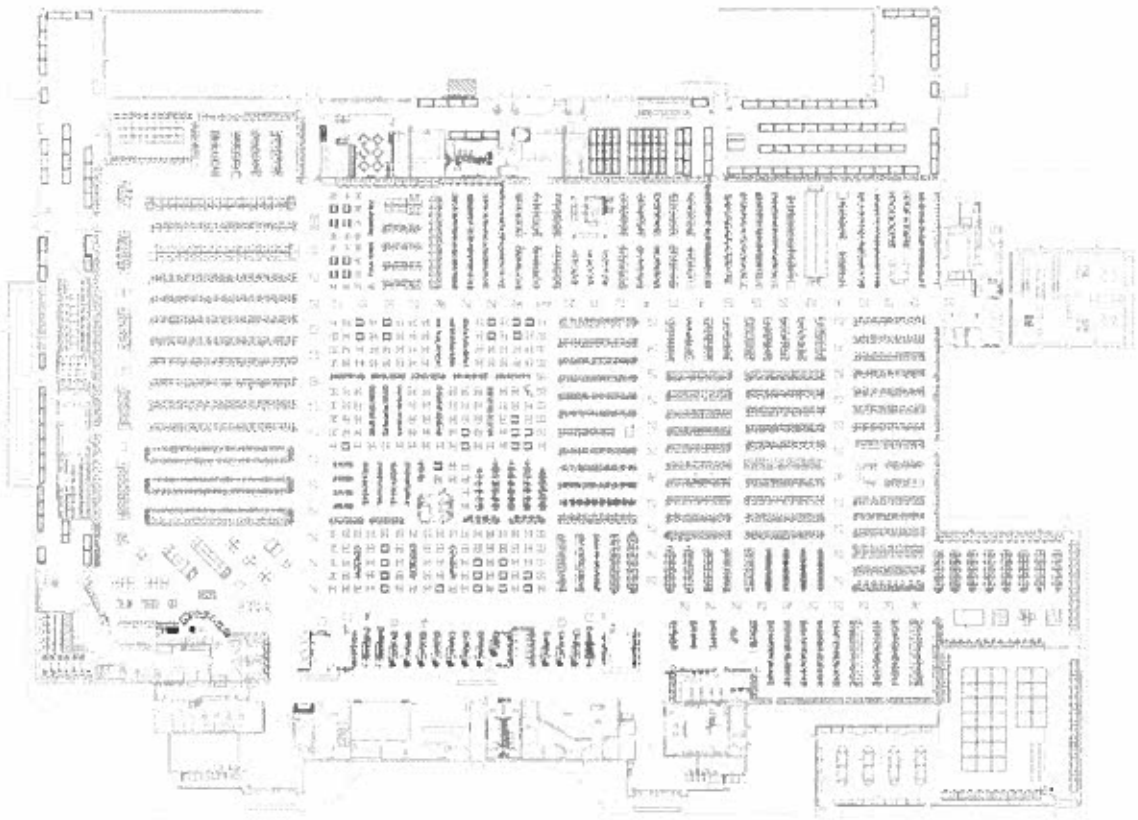
☐ **License Renewed** Valid From Date _____ to _____ By: _____

☐ **Special Event Permit Approved** Valid From Date _____ to _____ By: _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST. 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

Clear Form



TO: City Commission
FROM: Tabitha Sharp, City Clerk
SUBJ: Vice Mayor Appointment
DATE: November 22, 2021

Background:
Our City Commission form of government calls for the Commission to appoint a Vice-Mayor to serve for the Mayor in his/her absence. This position is a one-year term. Previous Vice-Mayors for the current Commission were Gregg Lewis (2021), Matt Guthrie (2020), Kendra Wilkinson (2019), and Gregg Lewis (2018).

Policy Issue:
In order to ensure that business can continue when the Mayor is unable to attend a meeting, the City Commission form of government requires a Vice-Mayor to serve in their place.

Alternatives:
N/A

Fiscal Impact:
N/A

Trade-offs:
N/A

Staff Recommendation:
Select a Commissioner to fulfill the duties of Vice-Mayor.

Commission Actions:

Commissioner _____ moved to select Commissioner _____ as Vice-Mayor for the year 2022.

Commissioner _____ seconded the motion.

Back to Agenda

Next Item

EL DORADO
KANSAS

TO: City Commission
FROM: David Dillner, City Manager
SUBJ: FEMA Building Resilient Infrastructure and Communities (BRIC) 2021 Grant Request
DATE: 11/10/2021

Background: In mid-September of this year, City staff submitted a letter of intent to the Kansas Division of Emergency Management to pursue funding through the FEMA Building Resilient Infrastructure and Communities (BRIC) 2021 competitive program for a repetitive loss property mitigation project. This project would allow for the City to complete the acquisition and preservation of all repetitive loss properties within the regulated floodplain. The purchase of these properties would address flood hazards that are listed as a problem area in the Butler County Regional Hazard Mitigation Strategy, which the City adopted in 2019. It further works to respond to the first stated goal of that strategy to reduce or eliminate risk to the people and property of Kansas Region G from the impacts of the identified hazards.

In mid-October of this year, City staff received notification that the City of El Dorado was selected in the BRIC program to move forward with an application to FEMA. This application needs to be completed and submitted no later than 31 December 2021.

Policy Issue: By submitting this application, the City is indicating that it is willing to cost sharing in the approximate amount of $125,000 for the project should we be selected as a recipient of the grant. This portion of the cost sharing would likely not be expended by the City until late 2022 or early 2023.

Strategic Priority: This issue fits into ongoing efforts by the City to better manage the regulated floodplain. Further, it aligns with the Butler County Regional Hazard Mitigation Strategy, which the City adopted in 2019.

Alternatives:
Staff has determined the following options exist with respect to this issue *(listed in no particular order)*:

- Submit the application to FEMA.
- Do not submit the application to FEMA.

Fiscal Impact: The total cost of the project is estimated at approximately $500,000. FEMA's portion of this cost would be approximately $375,000. The City's portion of this cost would be approximately $125,000.

Legal Review: This item has not been reviewed by legal counsel.

Trade-offs: Should the commission choose not to move forward with the grant application, the City will continue to work on better managing the regulated floodplain within existing resources and the project could take much longer than if the City is selected as a recipient of the grant.

Staff Recommendation: Staff recommend accepting and approving that City staff move forward with submitting the application to FEMA for the 2021 BRIC program.

Commission Actions:

Commissioner _____ moved to direct staff to move forward with the FEMA Building Resilient Infrastructure and Communities Grant Request and directed the City Manager to sign all paperwork associated with the application.

Commissioner _____ seconded the motion.

Return to Agenda

Next Item

TO: City Commission
FROM: Tabitha Sharp, City Clerk
SUBJ: National Opioid Settlement Case
DATE: 11/30/2021

Background: The State of Kansas is part of the multi-state litigation aimed at holding the producers and distributors of opioids accountable for the negative effects that their drugs have had on the American public. In 2021, the State Legislature passed HB 2079 to govern the distribution of settlement funds. The bill requires 75% of settlement funds to go to the State and 25% of these funds to be split between municipal governments.

In order to participate and receive funds, we will be required to certify previous or expected costs to the City of at least $500 and agree to spend any settlement funds for lawful purposes such as law enforcement activities that prevent, reduce, treat or mitigate the effects of substance abuse and addiction.

Policy Issue: Should the City of El Dorado join the opioid lawsuit in order to receive settlement funds.

Strategic Priority: The City of El Dorado desires to create a place where people choose to live and visit.

Alternatives: Staff has determined the following options exist with respect to this issue *(listed in no particular order)*:

- Accept the recommendation of staff, join the litigation and pass the Resolution.
- Reject the recommendation of staff and decline participation in the litigation.

Fiscal Impact: There are no additional costs to the City for participation in the lawsuit.

Legal Review: This information has been provided by attorneys with the League of Kansas Municipalities.

Trade-offs: Should the City Commission choose to participate in this litigation, there will likely not be other projects affected by our participation.

Staff Recommendation: Staff recommend approval of the proposed resolution.

Commission Actions:

Commissioner _____ moved to approve Resolution No. 1365, a resolution of the City of El Dorado, Kansas, approving the execution and delivery of an agreement to release and assign the city's opioid claims to the Kansas Attorney General and certifying costs attributable to substance abuse and addiction mitigation in excess of $500. The City Manager is also authorized to sign and complete all paperwork associated with the litigation.

Commissioner _____ seconded the motion.

Return to Agenda

Next Item

RESOLUTION NO. 1365

A RESOLUTION OF THE CITY OF EL DORADO, KANSAS, APPROVING THE EXECUTION AND DELIVERY OF AN AGREEMENT TO RELEASE AND ASSIGN THE CITY'S OPIOID CLAIMS TO THE KANSAS ATTORNEY GENERAL AND CERTIFYING COSTS ATTRIBUTABLE TO SUBSTANCE ABUSE AND ADDICTION MITIGATION IN EXCESS OF $500.

WHEREAS, in 2021, the Kansas Legislature enacted HB 2079, the Kansas Fights Addiction Act (the "Act"), authorizing litigating municipalities such as the City of El Dorado, Kansas (the "City") to access opioid litigation settlement funds and become eligible for certain state grants by entering an agreement releasing the City's opioid litigation claims to the Attorney General and assigning any future opioid litigation claims to the Attorney General (the "Agreement"); and

WHEREAS, the City sustained damages related to the opioid epidemic; and

WHEREAS, the City desires to enter an Agreement releasing and assigning its Claims to the Attorney General in order to access opioid litigation settlement funds and become eligible for certain state grants;

BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF EL DORADO, KANSAS:

Section 1. Authorization of the Agreement. The City hereby authorizes the release of its legal claims arising from covered conduct to the Attorney General, and the assignment of any future legal claims arising from covered conduct to the Attorney General, pursuant to the Agreement by and between the Attorney General and the City in substantially the form presented to and reviewed by the governing body at this meeting (copies of this document shall be on file in the records of the City), with such changes therein as shall be reviewed by the City Attorney and the officials of the City executing such documents.

Section 2. Execution of the Agreement. The City Manager, City Attorney and City Clerk are hereby authorized and directed to execute, seal, attest and deliver the Agreement in substantially the form presented to and reviewed by the governing body at this meeting and such other settlement agreements, documents, certificates and instruments as may be necessary and desirable to carry out and comply with the intent of this Resolution, for and on behalf of the City.

Section 3. Certification of Costs and Expenses. The City hereby certifies that it has incurred costs and expenses related to substance abuse or addiction mitigation in excess of $500 and the City can utilize the opioid litigation settlement funds for the lawful purposes established in the Kansas Fights Addiction Act and the settlement agreements. The City Manager and City Attorney are hereby authorized to execute, seal, attest and deliver such other documents, certificates and instruments as may be necessary and desirable to certify these costs and expenses or similar costs and expenses, for and on behalf of the City.

Section 4. Effective Date. This Resolution shall be in full force and effect from and after its adoption.

ADOPTED this 6th day of December, 2021 and **SIGNED** by the Mayor.

_____
Bill Young, Mayor

Attested:

_____
Tabitha Sharp, City Clerk

REVIEWED AND APPROVED AS TO FORM:

_____
Ashlyn Lindskog, City Attorney

EL DORADO
KANSAS

TO: City Commission
FROM: Alyssa Warner, Finance Director
SUBJ: 2021 Budget Amendment
DATE: December 6, 2021

Background: Each year, the City Commission must amend the budget if the expenditures for a fund exceed the published budgeted expenditures (K.S.A 79-2929a). For 2021, the only fund requiring an amendment is the Economic Development Sales Tax Fund (010). This fund will require a budget amendment of $34,534 due to the unplanned expenditures associated with the downtown underground project in the amount of $150,000.

Policy Issue: The State of Kansas requires the City Commission to hold a public hearing before approving a budget amendment. Should the City pass the budget amendment and spend down fund balance in the Economic Development Sales Tax Fund in order to participate in the downtown underground project?

Strategic Priority: The budget amendment itself aligns with City strategic priorities as it allows for the continued evaluation of public facilities, providing necessary resources for ongoing maintenance, planning for future facility needs to maintain service delivery, and evaluating funding options for continued investment in critical public infrastructure.

Alternatives:
N/A

Fiscal Impact: This will increase the allowable expenditures in the Economic Development Sales Tax Fund by $34,534. This fund has adequate fund balance to cover the increased expenses. This fund also does not have a minimum fund balance per the City's financial policies.

Legal Review: This item has not been reviewed by the City's legal counsel.

Trade-offs: If the public hearing is not opened and the budget amendment is not approved, the City will have to find an alternate source for funds to participate in the downtown underground project, which was previously approved on August 2nd, 2021.

Staff Recommendation: Staff recommend holding the public hearing and approving the amendment.

Commission Actions:

Mayor Bill Young will open a public hearing.

Commissioner _____ moved to approve the amendment to the 2021 Operating Budget in the Economic Development Sales Tax fund as presented.

Commissioner _____ seconded the motion.

Return to Agenda

2021

Amended
Certificate
For Calendar Year 2021

To the Clerk of Butler, State of Kansas
We, the undersigned, duly elected, qualified, and acting officers of
City of El Dorado
certify that: (1) the hearing mentioned in the attached publication was held;(2) after the Budget Hearing this Budget was duly approved and adopted as the maximum expenditure for the various funds for the year.

Table of Contents:		Page No.	2021 Amended Budget: Amount of 2020 Tax that was Levied	2021 Amended Budget: Adopted 2021 Expenditures	2021 Amended Budget: Proposed Amended 2021 Expenditures
Fund	**K.S.A.**				
Economic Development Sales Tax				178,680	213,214
Totals		xxxxxxxxx	0	178,680	213,214
Summary of Amendments		0			

Attested date:_____

County Clerk

Assisted by:

Address:

Email:

Mayor Bill Young

Commissioner Kelly Tetrick

Commissioner Gregg Lewis

Commissioner Leon Leachman

Commissioner Kendra Wilkinson

Governing Body

CPA Summary

City of El Dorado 2021

Adopted Budget

Economic Development Sales Tax	2021 Adopted Budget	2021 Proposed Budget
Unencumbered Cash Balance January 1	78,680	111,409
Receipts:		
Ad Valorem Tax		
Delinquent Tax		
Motor Vehicle Tax		
Recreational Vehicle Tax		
16/20M Vehicle Tax		
Local Sales Tax	100,000	100,000
Reimbursements	0	1,805
Interest on Idle Funds		
Total Receipts	**100,000**	**101,805**
Resources Available:	**178,680**	**213,214**
Expenditures:		
Contractual Services	127,500	162,034
Transfer to Construction	0	0
Cash Forward	51,180	51,180
Total Expenditures	**178,680**	**213,214**
Unencumbered Cash Balance December 31	0	0

CPA Summary

2021

Notice of Budget Hearing for Amending the

2021 Budget

The governing body of

City of El Dorado

will meet on the day of 12/06/2021 at 6:30 PM at City Hall - 220 E 1st Avenue El Dorado, KS 67042 for the purpose of hearing and answering objections of taxpayers relating to the proposed amended use of funds.

Detailed budget information is available at City Hall - 220 E 1st Avenue El Dorado, KS 67042 and will be available at this hearing.

Summary of Amendments

	2021 Adopted Budget			2021
Fund	Actual Tax Rate	Amount of Tax that was Levied	Expenditures	Proposed Amended Expenditures
Economic Development Sales Tax			178,680	213,214
			0	0
			0	0
			0	0
			0	0
			0	0

Alyssa Warner

Official Title: Finance Director

EL DORADO
KANSAS

TO: City Commission
FROM: David Dillner, City Manager
SUBJ: Federal and State Legislative Agenda
DATE: December 15, 2021

The City of El Dorado supports the concept of local home rule, which places accountability and decision making at the level of government closest to the people. Varying demographics and values make it difficult to adopt a "one size fits all" solution to social, economic, and political issues occurring throughout the nation and state. Therefore, the City of El Dorado advocates for a limited federal and state role in the affairs of its citizens.

FEDERAL LEGISLATIVE AGENDA

American Rescue Plan Funds. The City of El Dorado will receive $1.9 million in federal American Rescue Plan funds in response to the COVID-19 pandemic. The City supports a continued, flexible regulatory framework to allow municipalities to implement the funds in a manner that allows for the best means of local recovery and long-term prosperity as determined by each community. Unnecessary reporting or burdensome regulations will discourage use of funds towards far-reaching efforts that will make communities stronger.

Public Infrastructure Funding. The City supports federal funding programs and initiatives that assist local governments with the provision of essential public services that would otherwise create a significant burden to local residents. The City supports any efforts to streamline federal regulations that discourage the use of federal funds or that significantly increase project cost.

Usefulness and Safety of El Dorado Lake. The City supports any efforts by the U.S. Army Corps of Engineers to make El Dorado safer and more useful to the public who visit the lake for recreational purposes. The City understands that a plan exists that guides the operations and maintenance of the lake.

For example, the plan provides direction on the placement of buoys to mark areas of danger around the lake, particularly around the Shady Creek Marina. The buoys have not been installed for a number of years, making it difficult for boaters to know where underwater trees lurk below the surface. Boaters may damage theirs watercraft from hitting these hidden dangers. In addition, the City advocates for the removal of underwater deadwood to open up additional recreational boating opportunities and to improve safety for boaters.

The City of El Dorado advocates for the U.S. Army Corps of Engineers to consider opportunities to leverage El Dorado Lake as an economic opportunity for the State of Kansas and the

surrounding region. The federal government, through the U.S. Army Corps of Engineers, legally owns the real property surrounding El Dorado Lake. The City desires to facilitate the development of amenities that capitalize on the lake, such as a destination lodge or other outdoor attractions similar to other Corps lakes. The City of El Dorado supports any efforts by the federal government to allow such development to promote and grow outdoor tourism in El Dorado.

El Dorado Lake Operations and Maintenance (O&M) Expenses. The City of El Dorado receives an annual invoice from the U.S. Army Corps of Engineers concerning operational and maintenance expenses necessary to support El Dorado Lake. The City desires to have a better understanding of the annual capital and maintenance projects done by Corps of Engineers at El Dorado Lake. The City also seeks an opportunity to participate in the planning process for such projects to ensure that its interests are represented. Engagement also allows the City to budget for its O&M expenses over several years.

Lake Debt Forgiveness. The City of El Dorado currently owes $57 million to the U.S. Army Corps of Engineers for lake storage capacity at El Dorado Lake. This principal amount increases annually by 3.502% until the City activates additional storage space and begins making principal and interest payments. The outstanding obligation represents a debt burden per household of approximately $12,700. The obligation will increase to over $400 million by 2081 (equal to nearly $90,000 per household) if El Dorado does not activate additional storage space and begin making payments before the debt obligation reaches maturity.

Nearly 50% of El Dorado's population is eligible for the free or reduced lunch program, making this debt burden a difficult hurdle to the community's overall prosperity. The City advocates for an opportunity to modify the obligation terms of its inactivated lake storage capacity. For example, changing the compounding interest to simple interest saves El Dorado citizens approximately $287 million over the remaining life of the debt and makes repayment more tenable. The City also supports opportunities to explore financial relief from the debt burden that will enable the City to invest in its residents instead of diverting much needed resources to the federal government.

Law Enforcement Reform. This past year, law enforcement practices have come under increasing scrutiny throughout the nation. The City supports an assessment of law enforcement practices, although advocates for an approach that considers local context. Many police departments, including the El Dorado Police Department, operate with integrity while serving the community. Federal regulation in law enforcement should provide flexibility that allows communities to implement community-appropriate, equitable strategies that best serve the community's interest.

STATE LEGISLATIVE AGENDA

The City of El Dorado supports the legislative priorities of the League of Kansas Municipalities, especially as it relates to the Home Rule amendment of the Kansas Constitution. The City supports locally elected officials making decisions on behalf of their communities, particularly over local tax and revenue decisions. To that end, the City of El Dorado supplements the

League's Statement of Municipal Policy with an emphasis on the following local legislative priorities.

Transportation Funding. The City of El Dorado supports efforts to fund transportation projects to maintain and enhance the State's transportation system. The City appreciates funding presently appropriated to the Kansas Department of Transportation to assist communities with obligations to provide a safe and efficient transportation network to serve Kansans and inter-state commerce. The City advocates for the continuation of the City Connecting Link Improvement Program (CCLIP), Transportation Alternatives (TA), Federal Funds Exchange Program, Cost Share Program, and other transportation programs.

The City of El Dorado also supports the funding of regionally significant transportation priorities of South Central Kansas, to include improvements to the North Junction near Wichita, Kansas. The City has defined its primary local transportation project as the intersection of K-254/I-35/Boyer Road, which has become a major node in the Wichita region's transportation network.

Wildlife and Parks Funding. El Dorado Lake sits directly adjacent to the corporate limits of the City of El Dorado. The lake provides many recreational benefits to the community. According to the Kansas Department of Wildlife, Parks, and Tourism, El Dorado Lake is the most visited reservoir in the State of Kansas. Many people throughout the region visit El Dorado Lake each year to hunt, fish, camp, and generally enjoy the great outdoors.

The City of El Dorado supports any efforts to enhance funding to the Kansas Department of Wildlife, Parks, and Tourism, and further encourages the State of Kansas to invest in its recreational facilities. The City also supports any efforts to leverage El Dorado Lake as an economic opportunity for the State of Kansas and the surrounding region.

Blighted Properties. The City advocates for legislation to streamline the process for addressing abandoned and blighted properties. The City understands the need to balance property owner rights with public nuisance concerns. Even so, blighted properties affect the health, safety, and welfare of the community. Abandoned and blighted properties contribute to an increase in police calls arising from theft, prowlers, drug issues, and squatting.

Additionally, blighted properties create the potential for increased fire calls due to accidental fires or arson incidents. Code enforcement issues also cause unnecessary hardship for neighbors including overgrown vegetation, dilapidated structures, wildlife, illegal dumping, and additional demand for sanitation services. Further, these properties frequently have unpaid property taxes and often result in a loss of property values of surrounding properties, thus affecting state and local revenues.

Economic Development. In partnership with El Dorado Inc., the City of El Dorado proactively markets itself as a prime destination for industrial companies seeking large volumes of water for

their operations. The City has the ability to sell upwards of 10 million gallons of water per day (MGD) to industrial customers. Our unique location also allows us to meet a specific niche for economic development efforts as a preferred site for industries requiring large tracts of land (500+ acres) for development, Class I railroad service, and excellent transportation access.

To that end, the City supports any legislative efforts to simplify and streamline the economic development process at the Kansas Department of Commerce, and supports adequate funding to provide Kansas with appropriate representation in the site selection community. The City supports legislative programs designed to allow local governments to finance economic development initiatives and projects. The City supports collaborative efforts between state and local governments to finance public infrastructure needed to support significant economic development projects.

State of Kansas Workforce Study. The State of Kansas has not completed a statewide workforce assessment for several decades. The City advocates for funding to the Kansas Department of Commerce to conduct a statewide workforce study that assesses regional workforces. Many economic development prospects seek well-developed workforce data that is not readily available. The City advocates for a grant program to allow regions to complete a workforce study in the absence of the statewide effort.

Nutrient Trading Program. The City advocates for the opportunity to participate in a nutrient trading program with the Kansas Department of Health and Environment (KDHE). Such a program would allow municipalities to trade credits generated by best practices with regulatory agencies or third parties to reduce necessary capital investments to comply with environmental regulations directed at water and wastewater treatment. The City supports any technical assistance the KDHE may provide to municipalities with respect to this issue.

El Dorado Honor Camp. The City supports efforts by Butler County to acquire and develop a multi-use event complex at the former El Dorado Honor Camp Facility. The facility, located near El Dorado Lake just outside the corporate limits of El Dorado, remains an abandoned and deteriorating structure that diminishes the usefulness of the property and creates a visual impediment to visitors of the lake and the Walnut River Sports Complex located directly adjacent from the property. The City supports legislative efforts to fund the razing of the facility in order to make the land available for redevelopment.

Community College Funding. El Dorado serves as the main campus for Butler Community College, which serves more than 13,000 students each year. The City encourages additional higher education funding, particularly for community colleges, and opposes any budget language that interferes with the post-secondary state aid cost model for technical and general education funding, including the distribution of new funding. The City also supports expanded funding for career, technical, and general education programs for higher education in an effort to provide local property tax relief.

Hospital Funding. The City supports legislative efforts to expand Medicaid coverage in Kansas. Susan B. Allen Memorial Hospital currently serves El Dorado's local healthcare needs and expanding coverage would provide additional funds to flow into the local hospital to ensure its continued sustainability. Healthcare is an essential service needed to attract and retain quality employees to a community. The

expansion of KanCare provides a healthcare option for individuals so they can remain with their employers in small communities and still receive quality healthcare.

Small community hospitals are struggling to stay afloat in today's lower reimbursement healthcare marketplace. KanCare provides an opportunity to convert self-pay patients, who very often are not able to pay their balances, into insured patients, which helps support our local hospitals. In addition, hospitals with a cycle of lowering reimbursement expenses must cut back on jobs to remain competitive. In many small communities, such as El Dorado, hospitals are often one of the primary providers of employment. An expansion of KanCare would allow these hospitals to provide quality employment opportunities that will, in turn, invigorate our communities and produce additional jobs.

El Dorado Correctional Facility. El Dorado Correctional Facility resides just outside of the corporate limits of El Dorado, and provides employment opportunities for many residents of our community. The facility also employs many people from the surrounding area to ensure the safety and security at this important correctional facility.

The City supports efforts by the State of Kansas to ensure pay to employees of the El Dorado Correctional Facility remain competitive within the regional and industrial context. Higher pay means many vacant positions may be more attractive to prospective employees. It will also have the effect of increasing wages for many of our community's residents and improve their overall quality of life.