INDEPENDENCE CITY COMMISSION

SPECIAL SESSION AGENDA

June 8, 2023

9:00 AM

Civic Center Memorial Hall

To participate by conference call:
1 785-289-4727 Conference ID: 954 262 389#

The Agenda shall be as follows:

I. SPECIAL SESSION

A. Call to Order

II. ITEMS FOR COMMISSION ACTION

A. Consider approving a Cereal Malt Beverage license for the Air Strip Attack event that is being held at the Independence Airport located at 499 Freedom Drive on June 10 and 11, 2023.

III. ADJOURNMENT

REQUEST FOR COMMISSION ACTION
CITY OF INDEPENDENCE
June 8, 2023

Department City Clerk **Director Approval** David Schwenker

AGENDA ITEM Consider approving a Cereal Malt Beverage license for the Air Strip Attack event that is being held at the Independence Airport located at 499 Freedom Drive on June 10 and 11, 2023.

SUMMARY RECOMMENDATION Approve a Cereal Malt Beverage License for Patrick Conway.

BACKGROUND Patrick Conway is asking to sell beer to the attendees at the airport for the Air Strip Attack event.

FINANCIAL INFORMATION No financial impact.

SUGGESTED MOTION I move to approve a Cereal Malt Beverage license for Patrick Conway for the Air Strip Attack event to be held at the Independence Airport on June 10 and 11, 2023.

SUPPORTING DOCUMENTS

1. Airstrip Attack 2023 CMB Request

From: Patrick Conway
To: Kelly Passauer
Subject: Airstrip Attack 2023
Date: Wednesday, June 07, 2023 8:07:13 AM

Well good morning Kelly,

Doing all my final prep for this weekends races and realized I forgot the City CMB license for the event.

Is there anyway that I can get 5 minutes with the commissioners to get this knocked out? Anytime will work for me since I'm the one that dropped the ball.

Thank you in advance and for all your hard work getting this years event approved.

Patrick

Kansas Department of Revenue
Alcoholic Beverage Control

Kansas Department of Revenue
Alcoholic Beverage Control Division
915 S.W. Harrison Street, Room 214
Topeka, KS 66625-3512
Phone: 785-296-7015 Fax: 785-296-7185

Applicant or Organization Name Pattie Conway **Event Date(s)** 6-10 & 6-11

The above named applicant or organization, does hereby make application for a Temporary Permit to sell alcoholic liquor on the specified date(s) and location. In making this application, the above named applicant agrees that:

a. They will display the Temporary Permit at the event entrance along with the name of the designated person of the organization who is in charge, a diagram of the premises covered by the permit; and, if a special event, they must include names of all drinking establishments who have elected to extend their licensed premises into the event.
b. They will not allow anyone under the age of 21 to possess, purchase or consume alcoholic liquor and understand that administrative and/or criminal penalty may result from allowing anyone under the age of 21 to possess or consume alcoholic liquor.
c. They will not deny immediate entry and inspection by the Alcoholic Beverage Control agents or other law enforcement officers.
d. On-Premise applicants must purchase their alcoholic liquor from a licensed Kansas Retailer who possesses a Federal Wholesale Liquor Dealer permit or from a licensed Kansas Farm Winery.
e. On-Premise applicants will retain sales receipts from the Kansas Retailer or Kansas Farm Winery for at least one year.
f. On-Premise applicants will not sell alcoholic liquor for less than the purchase price or for less than the price charged for that drink to all other persons on that day.
g. On-Premise applicants will complete and submit their Business Tax Application and collect Liquor Drink tax, file the Liquor Drink tax return and remit the tax due by the 25th of the following month.
h. On-Premise applicants will not allow consumption of alcoholic liquor between the hours of 2:00 a.m. and 9:00 a.m.
i. They will comply with applicable city and county laws; and, with all the provisions of the Kansas Liquor Control Act, Club and Drinking Establishment Act and the Rules and Regulations promulgated thereunder.

Authorized Signature _____ Date _____

Printed Name _____ Printed Title _____

ABC Office Use Only:

☐ **PERMIT FEE ENCLOSED** **Amount $**_____ Associate: _____ Date_____

☐ **APPROVED** Date:_____ Associate: _____ Permit #_____

☐ **DENIED** Date_____ Associate:_____ ☐ Denial Letter Sent Date_____

Clear Form

Kansas Department of Revenue
Alcoholic Beverage Control Division
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Phone: 785-296-7015 Fax: 785-296-7185

Applicant or Organization Name Patrick Conway Event Date(s) 6-10 + 6-11

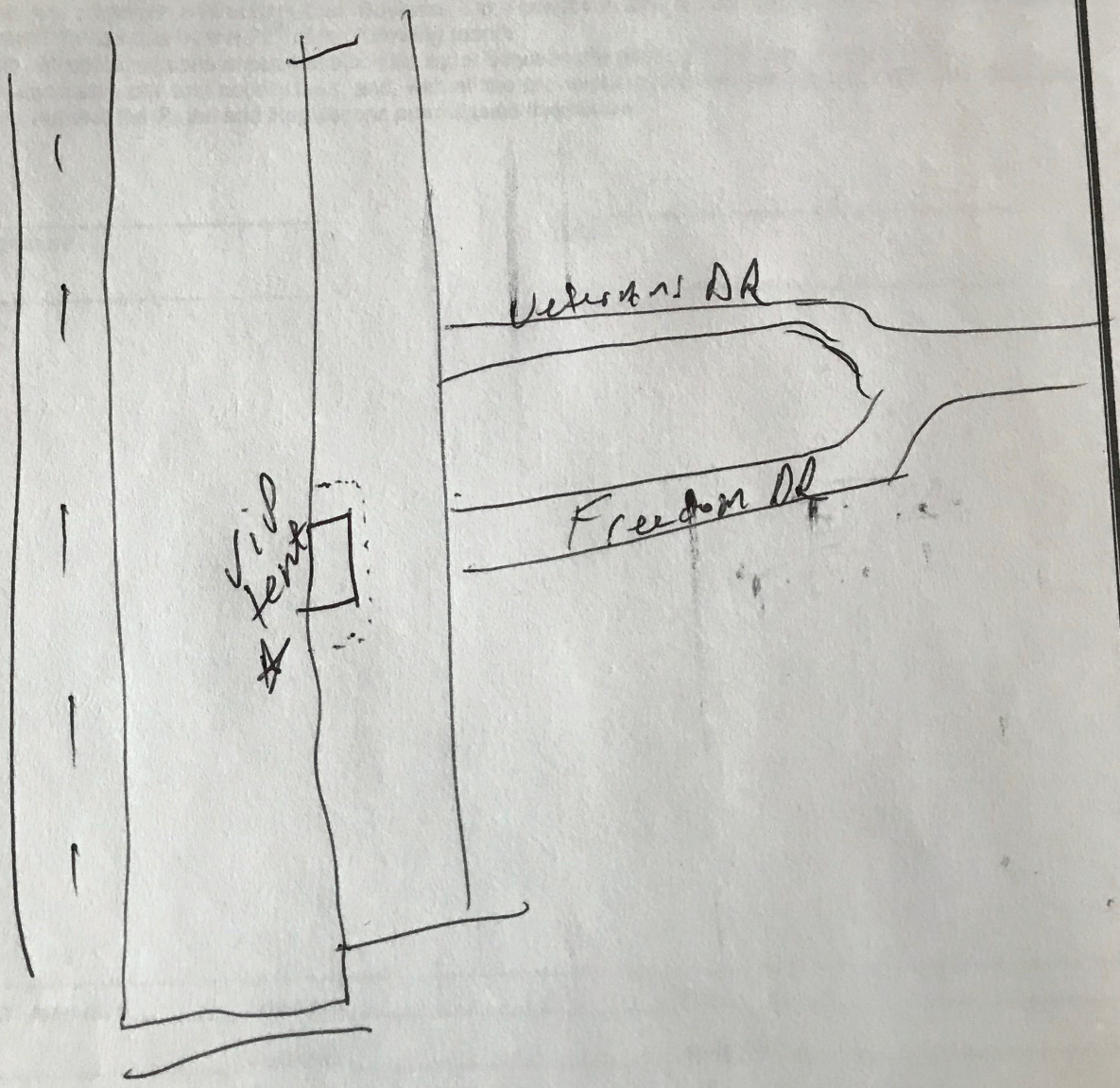
SECTION 5 – BACKGROUND QUALIFICATIONS: Applies to yourself and any person in the sponsoring organization.

If the answer to any question is yes, provide explanation on separate page and attach to your application.

1. Have you or any person in the sponsoring organization been convicted of or pled guilty to a felony?	☐Yes	☑No
2. Have you or any person in the sponsoring organization been convicted of or pled guilty to a morals charge? (Morals charge includes: prostitution; procuring any person; solicitation of a child under 18 for immoral act involving sex; possession or sales of narcotics; marijuana; amphetamines or barbiturates; rape, incest; gambling; adultery; bigamy).	☐Yes	☑No
3. Have you or any person in the sponsoring organization had an alcoholic liquor or cereal malt beverage license revoked in Kansas or in any state?	☐Yes	☑No

SECTION 6 – DIAGRAM: Complete for On-Premise and Special Events only.

Draw in the space below, in ink, a complete sketch of the premises which you are seeking approval. The diagram must include all entrance and exit doors; and, bar area. **Architectural drawings are not accepted.**



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TEMPORARY PERMIT APPLICATION AND AGREEMENT

Event Type: ☐Charitable Auction ☐On-Premise Temporary Permit ☐Porcelain Container ☐Special Event Permit*

**A special event is held on public streets, alleys, roads, sidewalks or highways when a temporary permit has been issued pursuant to K.S.A. 41-2645 for such special event. Such special event must be approved, by ordinance or resolution, by the local governing body of any city, county or township where such special event is being held. No alcoholic liquor may be consumed inside vehicles while on public streets, alleys, roads or highways at any such special event. The permit may be issued for up to 30 consecutive days,with the Director's approval.*

Event Length: ☐1 Day Permit - $25 ☑2 Day Permit - $50 ☐3 Day Permit - $75
☐Special Event Only – Number of Consecutive days (up to 30):_____ X $25 per day = $ _____ **Total Due**

Special Event Only: ☐Resolution or Ordinance attached

SECTION 1 – APPLICANT INFORMATION:

Entity Type: ☐Corporation ☑Individual ☐Organization ☐Partnership ☐Association ☐Other:_____

Have you previously applied for a temporary permit this calendar year? ☑No ☐Yes, I have had _____ temporary permits this calendar year.

Individual Applicant or Organization Name: Patrick Conway

Contact Person: Patrick Conway [redacted]

Mailing Address: P.O Box 2 City: Sycamore County: MG Zip Code: 67363

DESIGNATED PERSON

Designated Person Name | Date of Birth | Social Security Number

Phone | Email Address

SECTION 2 – EVENT INFORMATION: (You may have up to three consecutive days per permit. Special events may be up to 30 days).

Purpose for which the proceeds from this event will be used: Donate to Chamber

Does this location have a state issued liquor license or a Cereal Malt Beverage License? ☐Yes ☑No

Event Location Address: 499 Freedom Dr City: Independence County: MG Zip Code: 67301

Date of Event: 6-10-23	From Time: 12	☐AM ☑PM	To Time: 6	☐AM ☑PM
Date of Event: 6-11-23	From Time: 12	☐AM ☑PM	To Time: 6	☐AM ☑PM
Date of Event	From Time	☐AM ☐PM	To Time	☐AM ☐PM

SECTION 3 – PURCHASE INFORMATION: (Complete information below to indicate where you are purchasing liquor).

Kansas Retailer DBA Name: Baileys	Kansas Retailer License No.: 8650	**Retailer's** Federal Wholesale Liquor Dealer Permit No.: 4189.37
Kansas Farm Winery DBA Name	Kansas Farm Winery License No.	

SECTION 4 – CERTIFICATE OF CITY, TOWNSHIP OR COUNTY CLERK: (Completed by the clerk).

I HEREBY CERTIFY THAT THE LOCATION DESCRIBED ABOVE IN SECTION 2 IS: (check one box in each section):

CITY LIMITS: ☐ **Inside** the incorporated city limits ☐ **Outside** the city limits
ZONING: ☐ within an area that complies with all applicable zoning regulations required by K.S.A. 41-710
☐ located outside an incorporated city, in a township or county **that is not zoned** (Seal)
LOCATION: ☐ government property ☐ private property ☐ public property ☐ CMB licensed premise

I declare under penalties of perjury that to the best of my knowledge and belief that Section 4 is true, correct and complete.

CLERK SIGNATURE _____ DATE_____ PHONE_____

PRINTED NAME_____ ☐City Clerk ☐Township Clerk ☐County Clerk