## **Brenda Long**

From: Brenda Long

Sent: Wednesday, May 8, 2019 7:59 AM

To: Benjamin Laxton; Curtis Bowman; David Bryant; Dennis Pine; Dianna Wright; GIS Shared; James

Gorham; Jo Prochko; Rrachelle Breckenridge

**Subject:** Crazy Good Eats Renewal

Attachments: DEL - Crazy Good Eats 05-01-19.pdf

| Tracking: | Recipient              | Response                    |
|-----------|------------------------|-----------------------------|
|           | Benjamin Laxton        | Approve: 5/10/2019 10:54 AM |
|           | Curtis Bowman          | Approve: 5/14/2019 1:34 PM  |
|           | Dianna Wright          | Approve: 5/8/2019 11:14 AM  |
|           | GIS Shared             | Approve: 5/13/2019 10:39 AM |
|           | James Gorham           | Approve: 5/24/19 3:12 PM    |
|           | Rrachelle Breckenridge | Approve: 5/24/19 3:29 PM    |

Please use the voting tab to make comments and recommendations for the attached renewal drinking establishment license application by May 13.

Brenda Long, Assistant City Clerk

(913) 971-8675 | OlatheKS.org

Resource Mgmt | City of Olathe, Kansas

**Setting the Standard for Excellence in Public Service** 









To: Brenda Long, Assistant City Clerk

From Dianna Wright, Director of Resource Management

Subject: Liquor License Renewal

Date May 8, 2019

Resource Management is in receipt of Crazy Good Foods, LLC (dba Crazy Good Eats) liquor license renewal application.

In accordance with Title 7 section 7.06.020 and in reviewing the Statement of Gross Receipts for Crazy Good Foods, LLC (dba Crazy Good Eats), I hereby determine that the application meets the requirements as set forth by the above reference section.

Should you require any additional information please do not hesitate to let me know.

## **RECEIVED**

MAY 0 1 2019

## **CITY OF OLATHE**



## CITY OF OLATHERINKING ESTABLISHMENT LICENSE APPLICATION CITY CLERK OFFICE

| Date: 4/30/19 Business Phone: 913-90  | 06-2744  |  |  |
|---|--|--|--|
| Name of Applicant: CRAZY GOOD FOODS, LLC dba  |  |  |  |
| Business Address of Applicant: 16695 A W. 1515t S   | treet Olatho KS 66062<br>by State Zip          |  |  |
| E-mail Address of Applicant (optional): maggie a crazygoode ats.com   |  |  |  |
| Legal description of premises: RBQ restaurant and   | catorer  |  |  |
| Owner of premises (if different than applicant):  | sernational                                    |  |  |
| Address of owner of premises: 4520 Main Street Cit  | y State Zip                                    |  |  |
| Items required that must accompany this application:  |  |  |  |
| <ul> <li>✓ A. Site Plan: Attach a drawing of the premises showing the location in relation to other buildings, structures, parking areas, public or private streets, and sidewalks within 200 feet. The site plan should include the number of parking spaces, seating capacity and number of employees servicing the largest shift.</li> <li>B. Copy of Kansas Liquor License Application</li> <li>C. Copy of renewed State of Kansas drinking establishment license (May be submitted separately after issuance by the state)</li> <li>✓D. License Fee (\$500.00 - 2 year licensing period)</li> <li>The biennial fee for Drinking Establishments authorized by K.S.A. Supp. 41-2622 is hereby established and fixed at FIVE HUNDRED DOLLARS (\$500.00). All applications for new or</li> </ul> |  |  |  |
| renewal city licenses shall be submitted to the City Clerk for con Body. No license fee shall be refunded for any reason.   | isideration by the Governing                   |  |  |
| TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATRUTHFUL.   | TION IS CORRECT AND                            |  |  |
| Name of Applicant (Print Please)  State of  | Kansas   |  |  |
| Signature County of Notary  | refrache                                       |  |  |
| Sworn an SEAL My Appointment Expires This   | nd subscribed before me this  Hay of May, 2019 |  |  |