Brenda Long

From: Brenda Long

Sent: Wednesday, January 29, 2020 4:47 PM

To: Benjamin Laxton; Carl Anderson; Dennis Pine; GIS Shared; James Gorham; Rrachelle Breckenridge

Subject: DEL - Homefield 01-29-20 **Attachments:** DEL - Homefield 01-29-20.pdf

Tracking: Recipient Response

Benjamin Laxton	Approve: 1/31/2020 8:02 PM
Carl Anderson	Approve: 1/31/2020 1:47 PM
James Gorham	Approve: 2/3/2020 12:26 PM
Rrachelle Breckenridge	Approve: 2/12/2020 10:51 AM
Jared Daniel	Approve: 2/5/2020 11:18 AM

Please use the voting tab to make comments and recommendations for the attached new drinking establishment license application by, February 5th.

PS.... This is a new owner at the former Elite Sports facility.

Brenda Long, Assistant City Clerk

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Resource Mgmt | City of Olathe, Kansas

Setting the Standard for Excellence in Public Service







RECEIVED

JAN 29 2020

CITY OF OLATHE



CITY OF OLATHEDRINKING ESTABLISHMENT LICENSE APPLICATION CITY CLERK OFFICE

Date: _	Jan. 24, 2020	Business Phone:_	913.32	20.4404		
Name	of Establishment:_	Homefield				
Name	of Applicant:	Homefield Olathe				
Busine	ss Address of App	licant: 2115 E. Kansas City	/ Road	Olathe City	Kansas State	66061 Zip
E-mail	Address of Applica	ant (optional): kevin@home	fieldUS	A.com		
Legal o	lescription of prem	nises: 2115 E. Kansas City	Road, C	Dathe, Kans	sas 66061	
Owner	of premises (if diff	erent than applicant):_BHM	Northp	oint, LLC		
Addres	s of owner of pren	nises: 411 Nichols Road, S	Suite 22			7in
14		st accompany this applica		City	State	Zip
1	spaces, seatii B. Copy of Kans C. Copy of renev submitted sep	hin 200 feet. The site plar ng capacity and number o as Liquor License Applica ved State of Kansas drink parately after issuance by \$500.00 – 2 year licensing	f emplo ation ing esta the stat	yees servio ablishment te)	ing the large	est shift.
establis renewa	shed and fixed at I al city licenses sha	ting Establishments authorize FIVE HUNDRED DOLLARS II be submitted to the City Call be refunded for any reason	6 (\$500. 0 lerk for	00). All app	lications for n	ew or
TO TH		NOWLEDGE, THE ABOVE	INFORI	MATION IS	CORRECT A	ND
Chris Name	topher Robb Hein of Applicant (Print		State	of Missou	ri	
	lej'		Count	y of Jackso	n	
Signati mana	ure <i>"</i> ging member			1X	,	
TILIC		SEAL	Sworr	and subsci	ribed before n	ne this

This 24th day of January ,20 20

Cash Receipt

Receipt #: 50044 User: JOLENEP

Dept: CC

Date: 01/29/2020 Time: 11:24:17

Customer: Homefield Olathe



CITY OF OLATHE - CITY CLERK CASH RECEIPT PO BOX 768 OLATHE KS 66061

THANK YOU FOR YOUR PAYMENT	
ON BEHALF OF CITY TREASURER, DIANNA WRIGHT	

Item	Description		Notes	Amount
DRINKING ESTAB	Homefield NEW	1035		\$500.00
		Final	Total Received	\$500.00