Brenda Long

From: Brenda Long

Sent: Thursday, January 23, 2020 4:06 PM

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

Subject: DEL - Residence Inn 01-21-20 **Attachments:** DEL - Residence Inn 01-21-20.pdf

Tracking: Recipient Response

 Tim Linot
 Approve: 3/17/2020 8:19 AM

 Carl Anderson
 Approve: 1/28/2020 1:30 PM

 GIS Shared
 Approve: 1/27/2020 9:23 AM

 James Gorham
 Approve: 1/27/2020 4:24 PM

 Rrachelle Breckenridge
 Approve: 3/26/2020 12:20 PM

Please use the voting tab to make comments and recommendations for the attached new drinking establishment license application by, January 30.

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 21 2020

CITY OF OLATHE



CITY OF OLATHE DRINKING ESTABLISHMENT LICENSE APPLICATION CITY CLERK OFFICE

Date:1/1	5/2020	Busine <u>ss</u>	Phone: (9	13) 829-6700	
Name of Es	stablishment:_Residence In	n Kansas City			
Name of Ap	oplicant: Kansas City Con	cessions LLC			
Business A	ddress of Applicant: 1221	15 S. Strang Lin	e Rd., Olat		Zip
E-mail Add	ress of Applicant (optional):	sskene@sker	· · · · · · · · · · · · · · · · · · ·		
	ription of premises: Hotel a the, KS 66062	ınd related impr	ovements l	ocated at 12215	S. Strang Line
Owner of p	remises (if different than ap	plicant):Hers	ha Hospitali	ity Management,	L.P.
Address of	owner of premises:510 V	Valnut Street, 9	th FL, Phila	delphia, PA 1910	06
			City	State	Zip
Items requ	ired that must accompany	y this applicati	on:		
D. L The biennia established renewal city	Copy of renewed State of Fubmitted separately after icense Fee (\$500.00 - 2 years) If fee for Drinking Establishmand fixed at FIVE HUNDRI I licenses shall be submitted cense fee shall be refunded	issuance by the car licensing postering postering postering postering postering to the City Clean in the City Clean postering	ne state) period) d by K.S.A. \$500.00). erk for consi	Supp. 41-2622	is hereby
TO THE BE TRUTHFUL	ST OF MY KNOWLEDGE,	THE ABOVE IN	NFORMATI	ON IS CORREC	T AND
Naver Kakarla Name of Applicant (Print Please)			State of	ennylvania	
	Vila		County of _	Philadaphia	<u>L</u>
President Title			<u>(Ulron</u> l Notary	PReduch	
	Commonwealth of Pennsylvania - Notary ALLISON P. REDLICH, Notary Public Philadelphia County My Commission Expires August 27, 2023 Commission Number 1392720	SEAL	Sworn and This <u>lb</u> +l	subscribed before	

Cash Receipt

Receipt #: 49981 User: **JOLENEP**

Dept:

CC

Date:

01/21/2020

THANK YOU FOR YOUR PAYMENT

Time: 10:50:22

Customer: Kansas City Concessions

ON BEHALF OF CITY TREASURER, DIANNA WRIGHT _____



CITY OF OLATHE - CITY CLERK CASH RECEIPT

PO BOX 768

OLATHE KS 66061

Item	Description		Notes	Amount
DRINKING ESTAB	Residence Inn KC RENEW	14214		\$500.00
		Final	Total Received	\$500.00