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**AGENDA**  
**CITY COUNCIL SPECIAL MEETING**  
**COUNCIL CHAMBERS – HUTCHINSON, KANSAS**  
**October 4, 2019**  
**11:00 a.m.**

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**1. ROLL CALL**

Dechant      Daveline      Soldner      Piros de Carvalho      Inskeep

**2. ORDINANCES and RESOLUTIONS**

- a. Consider Resolution approving a Special Event License for the Luke Bryan Farm Tour 2019.**

**Action** – Motion to **approve** Resolution authorizing a Special Event License pursuant to City Code Section 18-210(c); and authorize the Mayor to sign.

Motion \_\_\_\_\_      Second \_\_\_\_\_  
Dechant      Daveline      Soldner      Piros de Carvalho      Inskeep

**3. ADJOURNMENT**

Motion \_\_\_\_\_      Second \_\_\_\_\_  
Dechant      Daveline      Soldner      Piros de Carvalho      Inskeep

**RESOLUTION NO. 2019 R 18**

**A RESOLUTION TO AUTHORIZE A SPECIAL EVENT LICENSE PURSUANT TO CITY CODE SECTION 18-210(c).**

WHEREAS, Section 18-210(c) of the City Code of the City of Hutchinson provides a Special Event License (as described in K.S.A. 41-2703(e)) may be issued for the sale of cereal malt beverages and beer containing not more than six percent (6%) alcohol by volume for consumption on the licensed premises of a special event.

WHEREAS, K.S.A. 41-2703(e) authorized the Governing Body of any City to provide by Resolution for the issuance of a Special Event License which shall allow the permit holder to offer for sale, sell and serve cereal malt beverage for consumption on unpermitted premises which may be open to the public.

WHEREAS, the City has received a request from Luke Bryan Farm Tour 2019, requesting that the City Council approve a Special Event License for a concert on October 4, 2019 from 5:00 p.m. to 11:00 p.m.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF HUTCHINSON, KANSAS:


SECTION 1. That the City Council allow, pursuant to City Code Section 18-210(c), a Special Event License to be issued to Luke Bryan Farm Tour 2019 for the sale of cereal malt beverages and beer containing not more than six percent (6%) alcohol by volume for consumption on the licensed premises of the special event, as follows:

- a. On October 4, 2019 from 5:00 p.m. to 11:00 p.m.
- b. In an area near 2100 North Plum Road, Hutchinson, Kansas, in the Kansas State Fair parking area east of Plum Street with approximate dimensions of 2,000 ft. wide and 2,400 ft. long which is identified on the attached document as the venue for concert Luke Bryan Farm Tour which is hereby incorporated by reference.
- c. Said area will be surrounded by a six foot (6') chain link fence.
- d. Said Special Event License shall not be transferrable or assignable.

ADOPTED BY THE GOVERNING BODY this 4<sup>th</sup> day of October, 2019.

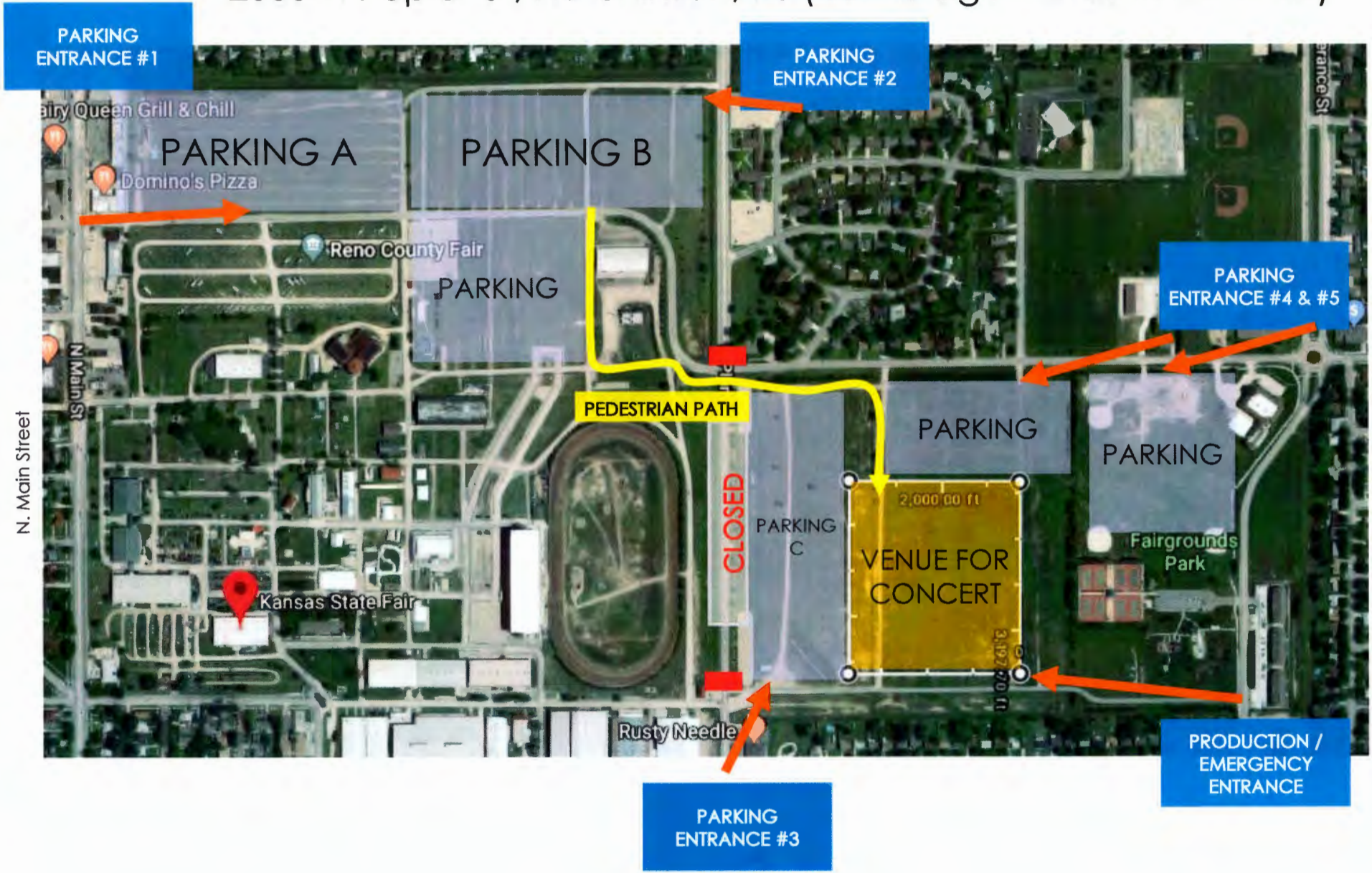
\_\_\_\_\_  
David A. Inskeep, Mayor

ATTEST:

  
\_\_\_\_\_  
Karen Weltmer, City Clerk

# Luke Bryan Farm Tour - Kansas State Fair Grounds

2000 N Poplar St, Hutchinson, KS (Backstage—2100 N Plum RD)



# CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

City or  County of HUTCHINSON

10-4-19 5pm - 11pm

SECTION 1 - LICENSE TYPE			
Check One: <input checked="" type="checkbox"/> New License <input type="checkbox"/> Renew License <input checked="" type="checkbox"/> Special Event Permit <u>One Day Temp License</u>			
Check One: <input checked="" type="checkbox"/> License to sell cereal malt beverages for consumption on the premises. <input type="checkbox"/> 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): <u>FEIN 81-1415912</u>			
I have registered as an Alcohol Dealer with the TTB. <input checked="" type="checkbox"/> Yes (required for new application)			
Name of Corporation <u>JSFT LLC</u>		Principal Place of Business <u>5 PDA 67.A</u>	
Corporation Street Address		Corporation City	State <u>GA</u>
Date of Incorporation <u>7-24-16</u>		Articles of Incorporation are on file with the Secretary of State. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Agent Name <u>JAMES B. STAFFORD</u>		Phone No.	
Residence Street Address		City	State
SECTION 3 - LICENSED PREMISE			
Licensed Premise (Business Location or Location of Special Event)		Mailing Address (If different from business address)	
DBA Name <u>LUKE BRYAN FARM TOUR 2019</u>		Name <u>JSFT LLC</u>	
Business Location Address <u>2000 N. POPLAR ST</u>		Address	
City <u>HUTCHINSON</u> State <u>KS</u> Zip <u>67502</u>		City	
Business Phone No.		<input type="checkbox"/> Applicant owns the proposed business location. <input checked="" type="checkbox"/> 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 <u>JAMES BURTON STAFFORD</u>		Position <u>SINGLE MEMBER OWNER</u>	Date of Birth
Residence Street Address		City	State
Spouse Name <u>N/A</u>		Position	Date of Birth
Residence Street Address		City	State
Residence Street Address		City	State
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SECTION 5 – MANAGER OR AGENT INFORMATION		
My place of business or special event will be conducted by a manager or agent.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following:		
Manager/Agent Name <i>David Tobias</i>	Phone No.	Date of Birth
Residence Street Address <i>5000 N. Doplar</i>	City <i>Shelton</i>	Zip Code <i>671502</i>
Manager or Agent Spousal Information*		
Spouse Name <i>N/A</i>	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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 7 – DURATION OF SPECIAL EVENT		
Start Date <i>10/4/19</i>	Time <i>5:00 PM</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
End Date <i>10/14/19</i>	Time <i>11:00 PM</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> 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 1/2" 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 Halley ATTY for LLC DATE 10/3/19

FOR CITY/COUNTY OFFICE USE ONLY:

License Fee Received Amount \$ 2500 Date 10-3-19  
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

\$25 CMB Stamp Fee Received Date 10-3-19

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)

