



COUNTY COMMISSION

Monday, November 9, 2015

5:00 PM Following Public Building Commission Meeting
Ellis County Administrative Center – Commission Room

Order of Business

I. Opening

- A. Call to Order
- B. Pledge of Allegiance
- C. Clerk Calls the Roll
- D. Order of Business
 Consideration of Amendments

II. Prior Minutes

November 2, 2015

III. Consent Agenda

- A. Approval of Employee Status Changes as presented
- B. Approval of Refunding Warrants as presented
- C. Approval of Tax Roll Adjustments as presented
- D. Approval of Escape Tax Orders as presented
- E. Approval of Adds and Abates as presented
- F. Approval of Accounts Payable and Payroll as presented

- IV. Issues from Persons Not on the Order of Business
- V. Update on fair activities (Fair Board President Jill Pfannenstiel)
- VI. K.S.A. 79-1460 (Appraiser Lisa Ree)
- VII. Hays Area Children's Center Cereal Malt Beverage License
[Enclosure](#)
- VIII. County Counselor Reports (County Counselor Bill Jeter)
- IX. County Commission Reports
- X. Executive Session
- VIII. Adjournment

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

2015-6

City or County of Ellis, Kansas

Place on
City/County

94294

SECTION 1 - LICENSE TYPE	
Check One: <input checked="" type="checkbox"/> New License <input type="checkbox"/> Renew License <input type="checkbox"/> Special Event Permit	
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):			
Name of Corporation <u>Hays Area Children's Center</u>		Principal Place of Business <u>Ellis Co, Hays KS</u>	
Corporation Street Address <u>94 Lewis Drive</u>		Corporation City <u>HAYS</u>	State <u>KS</u> Zip Code <u>67601</u>
Date of Incorporation <u>8/13/71</u>		Articles of Incorporation are on file with the Secretary of State. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Agent Name <u>Edith Dobbs</u>		Phone No. <u>(785) 625-3257</u>	
Residence Street Address <u>94 Lewis Drive</u>		City <u>HAYS</u>	State <u>KS</u> Zip Code <u>67601</u>

SECTION 3 - LICENSED PREMISE			
Licensed Premise (Business Location or Location of Special Event)		Mailing Address (If different from business address)	
DBA Name <u>Rose Garden Banquet Hall</u>		Name	
Business Location Address <u>2320 East Eighth</u>		Address	
City <u>HAYS</u>	State <u>KS</u>	City	State Zip
Business Phone No. <u>(785) 625-9508</u>		<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) <u>Pam Brungardt</u>			

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>Charlene Nichols</u>		Position <u>President</u>	
Residence Street Address <u>1302 W 44th</u>		City <u>HAYS</u>	State <u>KS</u> Zip Code <u>67601</u>
Date of Birth <u>8/27/66</u>		Zip Code <u>67601</u>	
Name <u>Stacey Jones</u>		Position <u>Vice President</u>	
Residence Street Address <u>1604 W. 29th</u>		City <u>HAYS</u>	State <u>KS</u> Zip Code <u>67601</u>
Date of Birth <u>10/29/74</u>		Age <u>4</u>	
Name <u>Shane Smith</u>		Position <u>Treasurer</u>	
Residence Street Address <u>1401 W. 45th</u>		City <u>HAYS</u>	State <u>KS</u> Zip Code <u>67601</u>
Date of Birth <u>5/13/78</u>		Age	

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Camber Boland		Position	Secretary	Date of Birth	7/2/66
Residence Street Address	1300 W 45th		City	Hays	State	KS
Spouse Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Spouse Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Spouse Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Spouse Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Spouse Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Spouse Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Spouse Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code
Spouse Name			Position		Date of Birth	
Residence Street Address			City		State	Zip Code

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>Susan Bowles</i>	Phone No. <i>785-629-3257</i>	Date of Birth
Residence Street Address <i>1120 Douglas Dr</i>	City <i>Hays</i>	Zip Code <i>67601</i>
Manager or Agent Spousal Information		
Spouse Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE	
<p>Within two 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.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.</p>	<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 ¹ .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6 – DURATION OF SPECIAL EVENT		
Start Date <i>November 21, 2015</i>	Time <i>5:00 p.m.</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
End Date <i>November 22, 2015</i>	Time <i>1:00</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

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 *Kaley Conner* DATE *10/19/15*

FOR CITY/COUNTY OFFICE USE ONLY:	
<input checked="" type="checkbox"/> License Fee Received Amount \$ <u><i>30.00</i></u> Date <u><i>10-26-15</i></u> (\$25 - \$50 for Off-Premise license or \$25-200 for On-Premise license)	
<input checked="" type="checkbox"/> \$25 CMB Stamp Fee Received Date <u><i>10-26-15</i></u>	
<input type="checkbox"/> Background Investigation <input type="checkbox"/> Completed Date _____ <input type="checkbox"/> Qualified <input type="checkbox"/> Disqualified	
<input type="checkbox"/> New License Approved Valid From Date _____ to _____ By: _____	
<input type="checkbox"/> License Renewed Valid From Date _____ to _____ By: _____	
<input type="checkbox"/> 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 QUARTERLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 915 SW HARRISON STREET ROOM 214, TOPEKA, KS. 66625-3512.

¹ Spouse not required to be over 21 years of age. K.S.A. 41-2703(b)(9)



94294

KEEP THIS LICENSE POSTED CONSPICUOUSLY AT ALL TIMES

Fee, \$ 30.00 License
25.00 Rev Stamp

No. 2015-6

RETAIL DEALER'S LICENSE

TO ALL WHOM IT MAY CONCERN:

License is hereby granted to Hays Area Childrens Center to sell at retail

CEREAL MALT BEVERAGES

Consumption on the Premises

(State if for consumption on the premises, or for sale in original and unopened containers and not for consumption on the premises.)

at Rose Garden Banquet Hall 2350 E.8th Hays, KS 67601

(Give exact location, with street number, if any.)

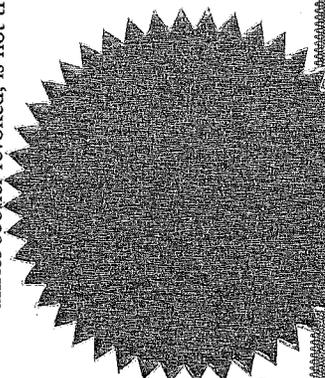
in the Township of Big Creek in Ellis County, Kansas.
Application therefor, on file in the office of the County Clerk of said County, having been approved by the governing body of said Township, as provided by the Laws of Kansas, and the regulations of the Board of County Commissioners.

This License is for year beginning November 21, 2015 and will expire November 22, 2015
unless sooner revoked, is not transferable, nor will any refund of the fee be allowed thereon.

Done by the Board of County Commissioners or Ellis County, Kansas,

this 9th day of November, 2015

Attest: _____
County Clerk
Chairman



The board of county commissioners in any county shall not issue a license without giving the clerk of the township board in the township where the applicant desires to locate, written notice by registered mail, of the filing of such application.

NOTICE TO TOWNSHIP BOARD

State of Kansas, Ellis County, ss.

To the Township Clerk, Big Creek Township, in said County:

This is to notify the members of your Township Board that application has been filed with the County Commissioners by Hays Area Childrens Center

for a license to sell cereal malt beverages at retail in said Township, at Rose Garden Banquet Hall
2350 E. 8th Hays, KS
(Location as stated in application)

such sales* _____ to be broken case lots.

The Township Board may within ten (10) days file advisory recommendations as to the granting of such license and such advisory recommendations shall be considered by said Board of County Commissioners before such license is issued—K.S.A. 41-2702.

Done by the Board of County Commissioners, this 9th day of November 2015

Martha L. McClelland
Chairman.

Attest:



Donna M. Maskus
County Clerk.

*If sales are in original and unbroken case lots, insert the word "not" before "to be in broken case lots."

ADVISORY RECOMMENDATION

State of Kansas, Ellis County, ss.

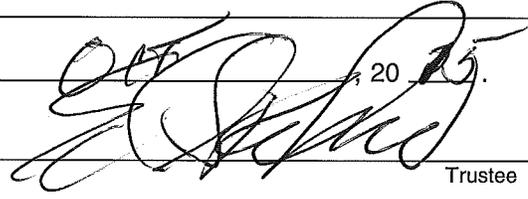
To the Board of County Commissioners of said County:

After due consideration of the matter of application for a license to sell cereal malt beverages filed by Hays Area Children Center and contained in your notice dated Oct 19, 20 15, and a careful canvass of the sentiment prevailing in this township generally, we are of the opinion that the application for a license for the sale of cereal malt beverages in this township by the said applicant should be Granted and we hereby so recommend.

Granted - Denied

Rose Garden Banquet Hall

Witness our hands, this 28 day of Oct, 20 15.



Trustee

Treasurer

Clerk

Township Board B.g Creek Township.