



CITY OF LANSING
Council Chambers
800 1st Terrace
Lansing, KS 66043

COUNCIL AGENDA
Regular Meeting
Thursday, December 5, 2019
7:00 P.M.

WELCOME TO YOUR CITY COUNCIL MEETING

Regular meetings are held on the first and third Thursday of each month at 7 pm and are televised on Cable Television Channel 2 on Monday 7 pm, Tuesday 10 am & 7 pm, Friday 5 pm, Saturday 1 pm and Sunday 7 pm.

Any person wishing to address the City Council, simply proceed to the microphone in front of the dais after the agenda item has been introduced and wait to be recognized by the Mayor. When called upon, please begin by stating your name and address. A time designated "Audience Participation" is listed on the agenda for any matter that does not appear on this agenda. The Mayor will call for audience participation. Please be aware that the city council and staff may not have had advance notice of your topic and that the city council may not be able to provide a decision at the meeting. If you require any special assistance, please notify the City Clerk prior to the meeting.

Call To Order

Pledge of Allegiance

Roll Call

OLD BUSINESS:

1. Approval of Minutes

NEW BUSINESS:

Audience Participation

Presentations

Council Consideration of Agenda Items:

2. Lansing Tree Board Appointments
3. Lansing Parks & Recreation Advisory Board Appointments
4. Change Order Request – City Project 18-02
5. Renewal of Cereal Malt Beverage License – Petro Deli #2 Inc.
6. Renewal of Cereal Malt Beverage License – Truman Town LLC dba Woody's Gas Express
7. Renewal of Cereal Malt Beverage License – Shree Nivas Inc. dba Finish Line
8. Renewal of Cereal Malt Beverage License – Aldi Inc.
9. Request for Cereal Malt Beverage License – GMRG ACQ 1 LLC dba Pizza Hut

Reports:

Department Heads: City Attorney; City Engineer; City Administrator; Councilmembers

Proclamations

Other Items of Interest:

Adjournment

AGENDA ITEM

TO: Tim Vandall, City Administrator
THRU: Sarah Bodensteiner, City Clerk *SB*
FROM: Shantel Scrogin, Assistant City Clerk *SS*
DATE: November 26, 2019
SUBJECT: Approval of Minutes

The Regular Meeting Minutes for November 21, 2019 are enclosed for your review.

Action: Staff recommends a motion to approve the Regular Meeting Minutes for November 21, 2019 as presented.

AGENDA ITEM #

CITY OF LANSING

CITY COUNCIL MEETING

REGULAR MEETING MINUTES
November 21, 2019

Call To Order:

The regular meeting of the Lansing City Council was called to order by Mayor Mike Smith at 7:00 p.m.

Roll Call:

Mayor Mike Smith called the roll and indicated which Councilmembers were in attendance.

Councilmembers Present:

Ward 1: Gene Kirby and Dave Trinkle

Ward 2: Andi Pawlowski and Don Studnicka

Ward 3: Kerry Brungardt and Jesse Garvey

Ward 4: Gregg Buehler and Tony McNeill

Councilmembers Absent:

OLD BUSINESS:

Approval of Minutes: Councilmember Buehler moved to approve the regular meeting minutes of November 7, 2019, as presented. Councilmember Kirby seconded the motion. The motion was unanimously approved.

Audience Participation: Mayor Smith called for audience participation and no one came forward.

Presentations

Discussions: City Administrator Tim Vandall updated the Council on the Eisenhower Rd and K-7 Intersection. Plans for the intersection were submitted to KDOT in February and recent discussion has altered the plans slightly. The right turn lane on K-7 was originally planned for 2021 but is now expedited as part of a requirement for QuikTrip going in at the intersection. Community & Economic Development Director Matthew Schmitz stated the original plan had a short right turn lane on K-7 turning into QuikTrip. KDOT is now requiring the right turn lane to extend all the way to Eisenhower. The entrances Co-Op had along K-7 will be closed off and entrances along Eisenhower are being moved a little more west. We believe the intersection will be quite a bit safer than it is today. It's a huge deal for us to land the grant from KDOT to help with funding for this intersection. Part of the selection criteria for the grant was how much money we were spending so we did use some of the credit for the initial short right turn plan and we got credit for sewer improvements we were putting in there as well. The way the grant was written and awarded is \$1.689 million, that is KDOT's cap. Projected construction cost for the intersection is \$2.1 million with Lansing and Leavenworth having to pay for the engineering right of way and utility relocation. It was a joint application with the City of Leavenworth and we still need to work out the percentages of who pays for what. It was pointed out that QuikTrip is giving us a portion of the plat for the right of way to make this project happen. Public Works Director Mike Spickelmier stated the project is slated at \$2.1 million for the total construction cost with the total investment near \$3 million which includes the sewer improvements. Council clarified that whatever is not covered by the grant will be split between Lansing and Leavenworth. City Administrator Tim Vandall stated the intersection is very congested as it is. The right turn lane will be a public improvement to help keep the traffic flow moving even if people aren't going to QuikTrip. He continued that he is very proud to get this grant and it's a large amount for a small community like this. He said Public Works Director Mike Spickelmier did a great job getting the application submitted. City Administrator Tim Vandall also pointed out Senator Braun was a big help navigating through KDOT and their staff. Community & Economic Development Director Matthew Schmitz let the Council know QuikTrip's construction start date is December 2nd.

COUNCIL CONSIDERATION OF AGENDA ITEMS:

Reservation for Street De-icing Rock Salt: Councilmember Kirby moved to approve the cooperative bid price of \$62.38 per ton with Independent Salt Company of Kanapolis, Kansas for street de-icing salt and authorize the Public Works Department to purchase salt as needed. Councilmember Pawlowski seconded the motion.

- Councilmember Studnicka stated got a question.
 - Mayor Smith replied go ahead Don.

- Councilmember Studnicka asked how big is the salt that you're going to get because after that little storm we had here a few weeks ago the front of my house, on my street looked like a gravel road. I mean the salt is really big.
 - Public Works Director Mike Spickelmier responded it is the same salt. The salt is big. The application of the salt was probably a little heavier. We're still recalibrating all the equipment to make sure we are judicious in its application. It is a little bit larger rock salt. You're right, it is larger.
 - Councilmember Studnicka replied ok, so you just need to adjust how much you're actually putting out.
 - Public Works Director Mike Spickelmier responded yes.
 - Councilmember Trinkle stated people went out there and got some and put it on the sidewalk.
 - Councilmember Studnicka replied I did. I got a 5-gallon bucket full.

The motion was unanimously approved.

Executive Session – Consultation with Attorney: Councilmember Buehler moved to recess into executive session for the consultation with an attorney for the City which would be deemed privileged in an attorney-client relationship, K.S.A 75-4319(b)(2) for 45 minutes, beginning at 7:17 PM and returning to the Council Chambers at 8:02 PM. Councilmember Kirby seconded the motion. The motion was unanimously approved.

Councilmember Pawlowski moved to return open session at 8:02 PM. Councilmember Kirby seconded the motion. The motion was unanimously approved.

REPORTS:

Department Heads: Department Heads had nothing to report.

City Attorney: City Attorney Greg Robinson had nothing to report.

City Engineer: City Engineer Matt Harding had nothing to report.

City Administrator: City Administrator Tim Vandall stated we received a letter from the Leavenworth Board of County Commissioners about a feasibility study for a bridge connecting to Highway 152. Long term, access like that would be beneficial to the area.

- Councilmember Pawlowski stated this was previously discussed in 2003-2004 and due to the Missouri River and it being a floodplain, it would be a 6-mile bridge. It's probably cost prohibitive and probably even more so now.
 - City Administrator Tim Vandall stated they expect the study to cost approximately \$50k with them sending letters to eleven entities to help share in the cost. Our share of the feasibility study could be around \$6-7k. The possibility is a long way off and there are cost issues with it but there is no harm in getting a feasibility study.
 - Councilmember McNeill responded if the County is looking at bringing more into the area then what about Port Authority and LCDC. We pay them to look at bringing things into our communities so maybe they could front the costs of a feasibility study.
 - City Administrator Tim Vandall stated the request was open ended so if the Council has any questions, concerns or requests, those can be collected at another time.
 - Councilmember Kirby replied it wouldn't hurt to get a dollar amount from them.
 - Councilmember Trinkle stated Missouri would have to be on board as well.
 - City Administrator Tim Vandall responded he believes Missouri has been contacted and they will be receiving the same letter Lansing got.

City Administrator Tim Vandall said he spoke with Leavenworth and their perspective is to not limit ourselves to the bridge. They want to look at K-5 and other routes to improve access.

Governing Body: Councilmember Garvey congratulated Public Works Director Mike Spickelmier on the grant. He also mentioned he has had a lot of compliments on DeSoto Rd. He has had to explain the medians, but everyone says how nice the road and sidewalks are.

Councilmember Buehler provided a fun fact, on this day in 1905, Albert Einstein's paper titled 'Does the Inertia of a Body Depend upon its Energy Content' was published and gave us the mass energy formula of $E=mc^2$.

Councilmember McNeill thanked Public Works Director Mike Spickelmier for the grant and all the work that went into it. He also stated he has seen people running on the sidewalks on Desoto Rd and it's impressive to see.

Councilmember Brungardt also thanked Public Works Director Mike Spickelmier and his favorite part of Desoto Road is the wall.

Councilmember Buehler, Councilmember Studnicka, Councilmember Trinkle, Councilmember Kirby and Councilmember Pawlowski echoed everyone's sentiments to Public Works Director Mike Spickelmier.

Councilmember Trinkle asked about a rough spot on Desoto Road south of the church.

- Public Works Director Mike Spickelmier stated they did do some patch work going up the hill to Mary Street.

Councilmember Kirby wished everyone Happy Thanksgiving.

Councilmember Pawlowski stated she thought everyone would like to know there is a resident who lives on East McIntyre Road complaining about the speed limit and people driving too fast. It's funny since the speed now is less than what people were driving before.

ADJOURNMENT:


Councilmember Pawlowski moved to adjourn. Councilmember Buehler seconded the motion. The motion was unanimously approved. The meeting was adjourned at 8:17 p.m.

ATTEST:

Michael W. Smith, Mayor

Sarah Bodensteiner, City Clerk

AGENDA ITEM

TO: Tim Vandall, City Administrator
FROM: Jason Crum, Parks and Recreation Director 
DATE: November 18, 2019
SUBJECT: Tree Board Appointments

There are two positions on the Tree Board with terms that will expire on December 31, 2019. There are also two additional vacancies on the board at this time. The positions were advertised, and two people have applied.

The Tree Board met on November 14th and reviewed the application. The Tree Board recommends the reappointment of Dale Eikmeier and Kevin Gardner to the Tree Board for a term ending December 31, 2022.

Action: Appoint Dale Eikmeier and Kevin Gardner to the Tree Board for a term ending December 31, 2022.



800 First Terrace, Lansing, Kansas 66043 - Telephone: 913-727-3036
Fax: 913-828-4579 - www.lansing.ks.us

APPLICATION FOR TREE BOARD MEMBER

Name: Dale Eikmeier
Lansing Address: 527 S. DESOTO LANSING
Home Phone: 913 7276627
Secondary Phone: 913 680 8557
E-mail: DEIKMEIER@KC.ORG.COM

Please attach a written statement expressing your interest in being appointed to the Lansing Tree Board. Your written statement should address the following four topics:

1. Qualifications for the position. -- *A*
2. Personal philosophy concerning community trees.
3. Desired accomplishments as a Board Member.
4. Willingness to attend board meetings on the 2nd Thursday of January, March, May, September and November at 5:30 p.m.
5. The name, address, and telephone number of three personal references.

This appointment is to fulfill a Tree Board term of three (3) years expiring on December 31, 2022. Applicants must be a resident of the Lansing Unified School District #469 (USD 469), be 18 years of age, and a U.S. citizen. *Applicants for the open positions will be considered on November 14, 2019, at the Lansing Tree Board Meeting at 5:30 p.m. at the Lansing Activity Center.

All applications should be returned to Lansing City Hall, 800 First Terrace, marked to the "Attention of the City Clerk" by close of business Thursday, October 31, 2019.

*RAND
SIB*

Application for Tree Board Member

Dale C. Eikmeier

1. Qualifications: I am a nine year resident of Lansing. A retired US Army Colonel with a history of community services in Rotary, the Knights of Columbus, and the Boy Scouts.
2. Philosophy. Trees and woodlands are a valuable natural and spiritual resource that enhances community well-being and civic pride; not only for the current but for future generations.
3. Board Accomplishments. Maintain Tree City status. Increase tree planting.
4. Board meeting attendance. Will strive for active attendance and participation.
5. References:

Barb Eikmeier Tree Board member

527 South Desoto Rd, Lansing, KS 66043 (913) 727-2668

Karen Jessup, Neighbor

14814 Hillside Rd, Leavenworth KS 66048 (931)680 6903

Randy Dorf Tree Board Member

121 Willow, Lansing , KS 66043 (913) 306-4641



800 First Terrace, Lansing, Kansas 66043 - Telephone: 913-727-3036
Fax: 913-828-4579 - www.lansing.ks.us

APPLICATION FOR TREE BOARD MEMBER

Name: Kevin Gardner

Lansing Address: 1012 N 4th

Home Phone: 913-775-1467

Secondary Phone: _____

E-mail: KAGrdnr62@gmail.com

Please attach a written statement expressing your interest in being appointed to the Lansing Tree Board. Your written statement should address the following four topics:

1. Qualifications for the position.
2. Personal philosophy concerning community trees.
3. Desired accomplishments as a Board Member.
4. Willingness to attend board meetings on the 2nd Thursday of January, March, May, September and November at 5:30 p.m.
5. The name, address, and telephone number of three personal references.

This appointment is to fulfill a Tree Board term of three (3) years expiring on December 31, 2022. Applicants must be a resident of the Lansing Unified School District #469 (USD 469), be 18 years of age, and a U.S. citizen. *Applicants for the open positions will be considered on November 14, 2019, at the Lansing Tree Board Meeting at 5:30 p.m. at the Lansing Activity Center.

All applications should be returned to Lansing City Hall, 800 First Terrace, marked to the "Attention of the City Clerk" by close of business Thursday, October 31, 2019.

Law
JLB

Tree Board Application

(printer not functioning properly)

Name: Kevin R. Gardner

Address: 1012 n 4th street

Phone: 913-775-1467

1) Qualifications:

- a. Current member reapplying for position, participant in events, steady attendee at meetings.

2) Personal philosophy:

- a. Trees are vital to communities and policies need updated and regulated.

3) Desired accomplishments:

- a. Increase awareness and help develop an arboretum in Lansing

4) Willingness to attend meetings:

- a. Available on these nights.

A handwritten signature in black ink, reading "Kevin R. Gardner". The signature is written in a cursive style with a large, stylized 'K' and 'G'.

AGENDA ITEM

TO: Tim Vandall, City Administrator
FROM: Jason Crum, Parks and Recreation Director *JC*
DATE: November 18, 2019
SUBJECT: Parks and Recreation Advisory Board Appointments

There are five positions on the Parks and Recreation Advisory Board with terms that will expire on December 31, 2019. The positions were advertised, and four people have applied.

The Lansing Parks and Recreation Advisory Board met on November 14th and reviewed the applications. The Lansing Parks and Recreation Advisory Board recommends the reappointment of Tricia Howell, Bob Lamborn, Mike Williams, and Casey Worrell to the Lansing Parks and Recreation Advisory Board for a term ending December 31, 2021.

Action: Appoint Tricia Howell, Bob Lamborn, Mike Williams, and Casey Worrell to the Lansing Parks and Recreation Advisory Board for a term ending December 31, 2021.



800 First Terrace, Lansing, Kansas 66043 - Telephone: 913-727-3036
Fax: 913-828-4579 - www.lansing.ks.us

APPLICATION FOR LANSING PARKS & RECREATION ADVISORY BOARD MEMBER

Name: Tricia Howell

Lansing Address: 875 Holiday Dr.

Home Phone: 913-773-2297 Cell Phone: _____

E-mail: jkasemom@yahoo.com

Please attach a written statement expressing your interest in being appointed to the Lansing Parks and Recreation Advisory Board. Your written statement should address the following four topics:

1. Qualifications for the position.
2. Personal philosophy of Parks and Recreation Activities.
3. Desired accomplishments as a Board Member.
4. Willingness to attend board meetings on the 2nd Thursday of every other month.

*Also, attach the name, address, and telephone number of three personal references.

This appointment is to fulfill a Parks & Recreation Advisory Board term of two (2) years expiring on December 31, 2021. Applicants must be a resident of the Lansing School District (USD 469), 18 years of age and a U.S. citizen. *Applicants for the open positions will be considered on November 14, 2019, at the Parks & Recreation Advisory Board Meeting at 7:00 p.m. at the Lansing Activity Center.

All applications should be returned to Lansing City Hall, 800 First Terrace, marked to the "Attention of the City Clerk" by close of business on Thursday, October 31, 2019.

RAMP
SUB

March 1, 2019

To Whom It May Concern:

This is my written letter of notifying you my interest in becoming a member of the Lansing Parks and Recreation Advisory Board. I do believe I could be an asset as a member.

I have lived in the city of Lansing since 1994 and currently have five children that are attending the Lansing School District. All five of my children have played a sport hosted by the Lansing Parks and Rec Department to include: Soccer, Basketball, Baseball, Cheerleading, and Football. I have had the privilege of coaching soccer and cheerleading. I do believe we have been involved since approximately 2008. I have also served on the Lansing PTA Board and I am currently a Girl Scout Troop Leader to 6th grade girls.

I do believe that Parks and Recreation activities are a core asset to our community. It is important for children to have a safe place to play and be active. Children need an outlet, other than traditional education, to learn and grow with confidence. Parks and Recreation activities are vital to the community coming together. A lot of adults get to know others in their community just by attending a sporting activity.

As a member of the advisory board, I would like to be able to be an asset to the team. I would like to learn more about our community and to share ideas of what has seemed to work and what may not. I would like to be the ears and eyes in the community to take back what I see and hear to the board with suggestions and hopefully be a positive influence. I am able to commit to a two year term attending meetings on the second Thursday of every other month.

I have attached personal references as requested. Please feel free to contact me with any further questions or concerns.

Sincerely,



Tricia Howell

1. Jennifer Johnson—1112 Columbia St Leavenworth, KS 66048 (913)683-5483
2. Kelly Meyer—16361 Gilman Rd Leavenworth, KS 66048 (913)240-4419
3. Ginny Heath—821 Stonecrest Dr Lansing, KS 66043 (913)240-6601
4. Renee Chaput-Lemons—14168 McIntyre Rd Leavenworth, KS 66048 (913)223-0178



800 First Terrace, Lansing, Kansas 66043 - Telephone: 913-727-3036
Fax: 913-828-4579 - www.lansing.ks.us

APPLICATION FOR LANSING PARKS & RECREATION ADVISORY BOARD MEMBER

Name: Bob Lamborn

Lansing Address: 971 RIDGE DRIVE

Home Phone: 913-250-6130 Cell Phone: 913-702-2003

E-mail: KANSASMARABLES@ATT.NET

Please attach a written statement expressing your interest in being appointed to the Lansing Parks and Recreation Advisory Board. Your written statement should address the following four topics:

1. Qualifications for the position.
2. Personal philosophy of Parks and Recreation Activities.
3. Desired accomplishments as a Board Member.
4. Willingness to attend board meetings on the 2nd Thursday of every other month.

*Also, attach the name, address, and telephone number of three personal references.

This appointment is to fulfill a Parks & Recreation Advisory Board term of two (2) years expiring on December 31, 2021. Applicants must be a resident of the Lansing School District (USD 469), 18 years of age and a U.S. citizen. *Applicants for the open positions will be considered on November 14, 2019, at the Parks & Recreation Advisory Board Meeting at 7:00 p.m. at the Lansing Activity Center.

All applications should be returned to Lansing City Hall, 800 First Terrace, marked to the "Attention of the City Clerk" by close of business on Thursday, October 31, 2019.

RAND
SIB

My name is Bob Lamborn, and I am a retired park and recreation professional. I served about twenty years as the Director of Recreation for the Sublette Recreation Commission in Sublette, Kansas.

I am a graduate in the field from Kansas State University. I have graduated from the National Park and Recreation Association's Executive Development School and Resources Management School. I served on the Board of Directors of the Kansas Recreation and Park Association in various capacities for ten years.

I was a registered official in three varsity sports for the Kansas State High School Activities Association for fifteen years. I have officiated various sports from grade school to the Division I college level.

I was a middle school and high school assistant and head coach for basketball, softball, and baseball.

I believe that individuals of all ages should have the opportunity to enrich their lives through parks and recreation. These opportunities can be provided through free time activities, education, facilities, and structured programs.

It would be my desire to assist the Park and Recreation Department when called upon to do so and to provide insight when asked. I would like to see the Lansing Park and Recreation Department be proactive in providing opportunities to the residents of Lansing and to be on the leading edge of developments in the park and recreation field.

I have the ability to attend the every other month meetings and would enjoy being of service, so I would appreciate the opportunity to serve on the advisory board.

I am a current member of the Lansing Parks & Recreation Advisory Board. I would like to continue serving and helping to improve the quality of baseball and other programs offered by Lansing Parks and Recreation.

References-

Ray Bell

1522 Sycamore Drive

Lansing, KS 66043

1-913-547-0538

Bill Maasen

7900 Renner Road

Shawnee, KS 66219

1-913-826-3048

Vic Jury

312 Reagan Drive

Lansing, KS 66043

1-913-424-5404

800 First Terrace, Lansing, Kansas 66043 - Telephone: 913-727-3036
Fax: 913-828-4579 - www.lansing.ks.us



800 First Terrace, Lansing, Kansas 66043 - Telephone: 913-727-3036
Fax: 913-828-4579 - www.lansing.ks.us

APPLICATION FOR LANSING PARKS & RECREATION ADVISORY BOARD MEMBER

Name: Casey Worrall

Lansing Address: 24619 163rd St., Leavenworth KS 66048

Home Phone: _____ **Cell Phone:** 913-290-0504

E-mail: cwlawns@yahoo.com

Please attach a written statement expressing your interest in being appointed to the Lansing Parks and Recreation Advisory Board. Your written statement should address the following four topics:

1. Qualifications for the position.
2. Personal philosophy of Parks and Recreation Activities.
3. Desired accomplishments as a Board Member.
4. Willingness to attend board meetings on the 2nd Thursday of every other month.

*Also, attach the name, address, and telephone number of three personal references.

This appointment is to fulfill a Parks & Recreation Advisory Board term of two (2) years expiring on December 31, 2021. Applicants must be a resident of the Lansing School District (USD 469), 18 years of age and a U.S. citizen. *Applicants for the open positions will be considered on November 14, 2019, at the Parks & Recreation Advisory Board Meeting at 7:00 p.m. at the Lansing Activity Center.

All applications should be returned to Lansing City Hall, 800 First Terrace, marked to the "Attention of the City Clerk" by close of business on Thursday, October 31, 2019.

*RAND
S&B*

Casey Worrall – Application for Board Member position for Parks & Recreation

1. Qualifications for the position

- Lifelong member of the Lansing community
- Post-graduate education – Masters in Health Education
- High school and college athlete
- One season of coaching in the recreational leagues
- Small business owner
- Well connected to the Lansing-Leavenworth community
- Fan of sports in general

2. Personal philosophy of Parks and Recreation Activities

Agree with promoting the idea of youth sports. I believe sports are an integral part of the youth athlete's early life and it's important for all kids to have a chance to play sports. Sports instill so many other qualities besides just competition. Recreational sports are important for overall health as well by staying active and decreasing obesity rates.

3. Desired accomplishments as a Board Member

To improve and grow the overall quality of the Parks & Recs program. To offer helpful and beneficial insight to a young athletes' childhood. To collaborate with other board members in recreational decision making that most benefits the youth in the community. Lastly, to increase and improve community relations as it relates to sports.

4. Willingness to attend board meeting

Very willing.

References

CMOP

James Miller
15430 Andrews Road
Suite D
Kansas City, MO 64147
Phone: 619-822-8459
Email: jmiller@ieinc.net

Complete Storage

Rob Jaccard
120 Holiday Terrace
Lansing, KS 66043
Phone: 913-721-2567


Legacy Restaurant Group (Wendy's Store)

Michelle Wilson
2528 S 291 Highway
Independence, MO 64055
Phone: 913-217-8012
Email: michelle.wilson@legacywendys.com

Senator Ed Reilly

P.O. Box 9
Leavenworth, KS 66048
Phone: 301-275-3039

AGENDA ITEM

TO: Tim Vandall, City Administrator
FROM: Anthony J. Zell, Jr., Wastewater Utility Director 
DATE: December 2, 2019
SUBJECT: Change Order Request – City Project 18-02

The City has received a change order request from Linaweaver Construction for rock that has been encountered in an area where no soil borings were taken just east of La Mesa.

During easement negotiations, the property owner would not allow the city access to the site to perform soil borings on any of their property. Further, the project was bid and awarded prior to the acquisition of the necessary easements, and to compound matters further, the alignment was modified to appease the property owner to sign over the easements. The City asked the contractor for a contract adjustment for the new alignment, which they provided – using their original bid unit pricing. The price for the new alignment was provided prior to the easement acquisition, so neither the city nor the contractor had the opportunity to perform soil borings to test for the presence of rock.

Section 5.04-A of the contract documents state that *"If the contractor believes that any subsurface or physical condition that is uncovered or revealed at the site either is of such a nature as to establish that any Technical Data on which Contractor is entitled to rely as provided in 5.03 is materially inaccurate."* Section 5.04-D of the documents allow for payment to the contractor *"if there is a differing subsurface or physical condition is of an unusual nature and differs materially from conditions ordinarily encountered and generally recognized as inherent in work of the character provided for in the contract documents."* The contract documents did not recognize or show that rock would be encountered at this location, nor did the timing of the project allow for subsurface excavation to be completed. A copy of the section of the contract is attached.

City staff, the design engineer, and city engineer have all reviewed the contractors request, and feel that it is appropriate and reasonable for the work performed. The contractor will grind the rock in place, and mix it with fill on site, and use the mixture for backfill, which will reduce the overall cost of hauling off old materials and hauling in new fill. Had the contractor known that there would be rock at the location, the bid would have reflected the actual costs for rock excavation. A copy of the contractor's request is also attached.

Policy Consideration: This request is in excess of the amount allowed under the purchasing policy, therefore it has been brought forward for council approval.

Financial Consideration: The contractor has submitted a request for payment of \$69,415.18, based on exploratory holes dug along the alignment. The contractor and the city's resident inspector will confirm actual quantities along the trench in the field. There are sufficient funds in the project account to pay for this request, which will raise the total contract price to \$2,164,760.18.

Action: A motion to approve or deny the change order request from Linaweaver Construction in the amount of \$69,415.18 for rock encountered on city project 18-02.

LINAWEAVER CONSTRUCTION, INC.

719 GILMAN RD.
LANSING, KS 66043
913.351.3474

NW RELIEF SEWER
ROCK EXCAVATION A-7 to MH D-04-100

Tony,

In reference to the specifications Article 5 section 5.04 we feel that we have encountered differing subsurface conditions, rock, that we should be entitled to be compensated for to break out. As we have progressed to Manhole A7 we are running into a significant amount of rock to hammer. We have potholed around manholes A-7 and MHD-04-100 to find where the rock starts from the surface and we are hitting rock at depths 3' above flowline beside A-7 and 10' above flowline at MH D-04-100. There were no borings at these locations so there was no way of knowing that there would be rock between these structures. We would like to ask for a change order to break the rock at \$65.00 per cubic yard as field measured and agreed upon by our crews and your inspector. This portion of work was bid in a change order after the original bid had been awarded to us in part why we are asking for the additional compensation to remove this material. In the original bid we were digging in an existing sewer trench through this area so rock was not anticipated to be present. We held our price per foot for installing the pipe when pricing the change order which did not have any rock excavation figured into it. The price above reflects us removing the rock as needed and mixing it back in with backfill. The price does not include hauling off the rock and bringing in new material back. This would be the most cost-effective method to the owner. Below is a cost estimate if the rock is encountered throughout the entire run.

6.5' deep x 554.50 long x 8' wide-1067 CY of Rock
1067 CY x \$65.00 - \$69,415.18

As mentioned above we would only be asking for compensation on actual rock excavated as determined by our field staff and your on-site inspector.

Along with additional compensation we would also request that 3 weeks be added to our final completion date.

Please let me know if the above is acceptable.

Thank You,

SPENCER
FOSTER

DATE: 11/1/2018

DESIGN BY: DMH

DRAWN BY: DMH

PROJECT NO: 13994.00

SHEET NO: 10

TOTAL SHEETS: 29

CALEEN E. CONNER
PROFESSIONAL ENGINEER
15581
KANSAS
4/11/19

GBA
architects
engineers
9801 Renner Boulevard
Lenexa, Kansas 66219
913.492.0400
www.gbateam.com

City of Lansing, Kansas
Northwest Relief Sewers

NO.	DATE	REVISIONS	BY	APPROVED
1	11-20-18	ADDENDUM NO. 2	DMH	CEC
2	2-4-19	EURONVEST REALIGNMENT	DMH	CEC

REMOVAL & ABANDONMENT NOTES:

- The Contractor shall accommodate existing sewage flows for all removal and replacement of existing sewer pipe.
- No discharge of sewage to surface drainage ways will be permitted.
- All costs associated with accommodating existing flows will be considered incidental and shall be included in the unit price bid for the removal and replacement of existing sewer pipe.
- Work on live sewers shall be coordinated with the City of Lansing Wastewater Department.
- The Contractor shall submit to the Engineer a schedule and by-pass plan for the project. By-pass pumping shall be in accordance with the specifications.
- The Contractor shall remove and dispose of all piping and manhole debris removed during construction. Demolished material shall not be used as fill. The Contractor shall apply and pay for any permits necessary to dispose of this material in a manner so as not to violate any state and local ordinances.

LINE A

The Contractor Upon Completion of the Sewer Improvements and the Abandonment of the Existing Sewers Shall Remove the Existing Aerial Piping as Required for Complete Abandonment of the Piping. Concrete Piers (4) Shall be Removed to a Minimum of 3-Feet Below Grade. Contractor to Restore Disturbed Areas per Specification Requirements. All Debris Shall be Removed and Hauled to Off-Site Disposal Site.

Install 279.15 L.F. of 18" PVC Pipe @ 0.30%

Install 554.50 L.F. of 18" PVC Pipe @ 0.20%

Copyright 2019, George Bunker Associates, Inc. Wednesday April 24, 2019, 3:08pm
A:\1994\13994\13994.dwg, 3D Production Drawings (Construction Plans) 13994 11504 EUR2.dwg, Layout: P&P
A:\1994\13994\13994.dwg, 3D Production Drawings (Construction Plans) 13994 11504 EUR2.dwg, Layout: P&P

11/1/2018

DMH

DMH

13994.00

11

29

GBA

architects

engineers

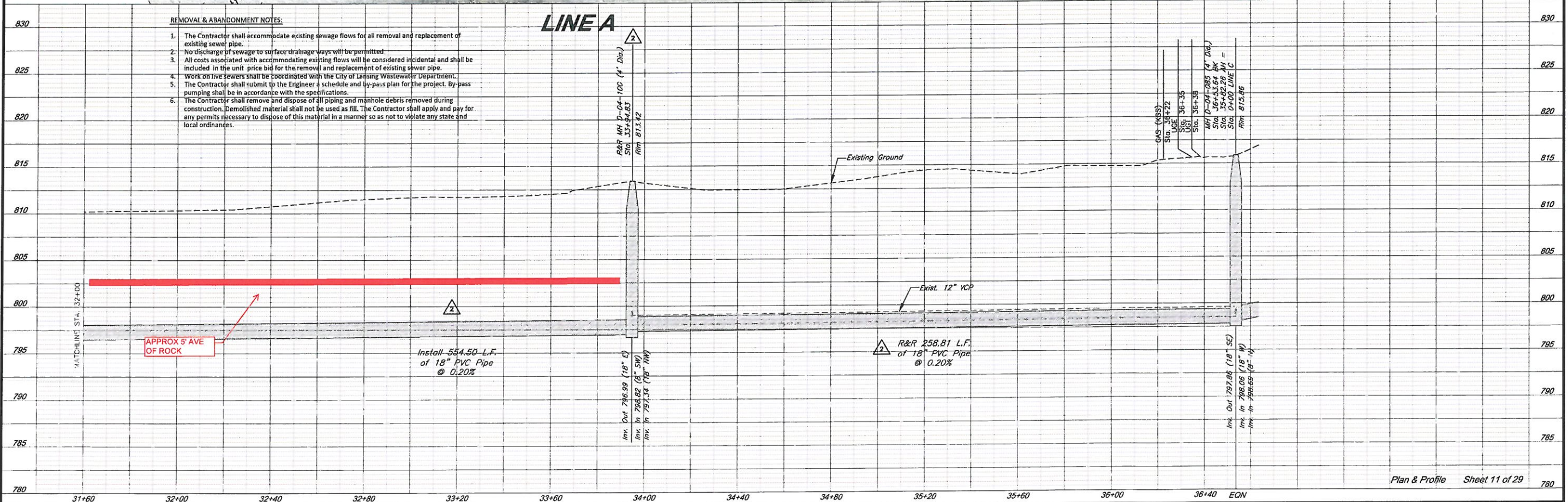
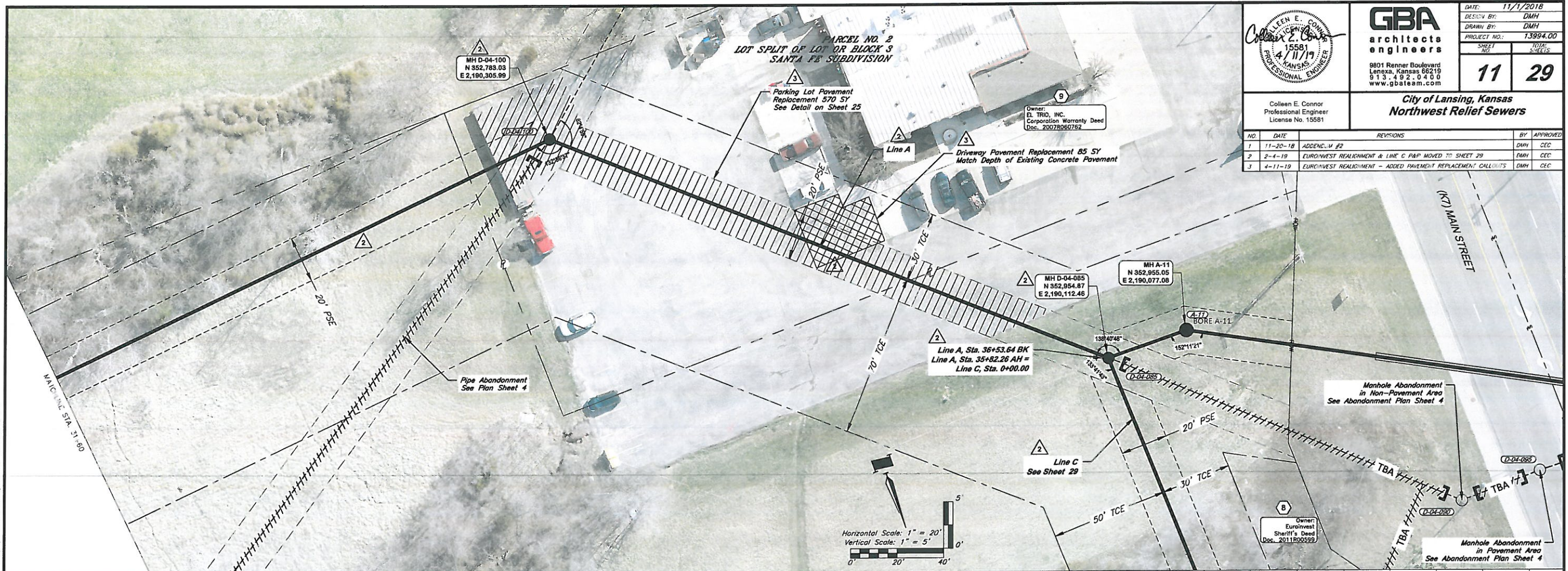
9801 Renner Boulevard
Lenexa, Kansas 66219
913.492.0400
www.gbaam.com

City of Lansing, Kansas

Northwest Relief Sewers

Colleen E. Connor
Professional Engineer
License No. 15581

NO.	DATE	REVISIONS	BY	APPROVED
1	11-20-18	ADDENDUM #2	DMH	CEC
2	2-4-19	EUROINVEST REALIGNMENT & LINE C P&P MOVED TO SHEET 29	DMH	CEC
3	4-11-19	EUROINVEST REALIGNMENT - ADDED PAVEMENT REPLACEMENT CALLOUTS	DMH	CEC



From: [Colleen Connor](#)
To: [Anthony Zell](#)
Cc: [Jacob Cox](#)
Subject: RE: Rock Excavation NW Relief Sewer
Date: Tuesday, November 26, 2019 1:58:44 PM

Tony –

We have reviewed the Change Order request and checked the quantities. The quantities seem accurate and the cost appears justified since no parties involved had opportunity to investigate subsurface conditions at the site prior to cost estimates. The time extension of three weeks seems appropriate.

Let us know if you have additional questions.

Thanks,
Colleen

Colleen Connor, PE

GBA

9801 Renner Boulevard | Lenexa, KS 66219-9745
P (913) 577-8247

www.gbateam.com | [LinkedIn](#) | [Facebook](#) | [Twitter](#)

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From: Spencer foster <spencer@linaweaver.com>
Sent: Monday, November 18, 2019 10:39 AM
To: Anthony Zell <zell@lansing.ks.us>; Jacob Cox <jcox@gbateam.com>; Colleen Connor <cconnor@gbateam.com>
Cc: Marcus Linaweaver <marcus@linaweaver.com>; Mark Linaweaver <mark@linaweaver.com>
Subject: Rock Excavation NW Relief Sewer

WARNING: The sender of this email could not be validated and may not match the person in the "From" field.

CAUTION: This email originated from outside the organization. Do not click or open attachments unless you recognize the sender and know the content is safe.

All,

Please see the attached for a request for a change order for rock that we have encountered between A-7 and MH D-04-100. A narrative and plan drawing is attached. Please let me know if you have any questions.

Thank you,

Spencer Foster

LEED Green Associate
Estimator/Project Manager

Linaweaver Construction
719 Gilman Rd.
Lansing, KS 66043
Mobile: 913.702.2773
Phone : 913.351.3474
Fax: 913.351.2749

Work, or because of other actions or conduct of the Contractor or those for which Contractor is responsible.

- B. *Removal of Debris During Performance of the Work:* During the progress of the Work the Contractor shall keep the Site and other adjacent areas free from accumulations of waste materials, rubbish, and other debris. Removal and disposal of such waste materials, rubbish, and other debris shall conform to applicable Laws and Regulations.
- C. *Cleaning:* Prior to Substantial Completion of the Work Contractor shall clean the Site and the Work and make it ready for utilization by Owner. At the completion of the Work Contractor shall remove from the Site and adjacent areas all tools, appliances, construction equipment and machinery, and surplus materials and shall restore to original condition all property not designated for alteration by the Contract Documents.
- D. *Loading of Structures:* Contractor shall not load nor permit any part of any structure to be loaded in any manner that will endanger the structure, nor shall Contractor subject any part of the Work or adjacent structures or land to stresses or pressures that will endanger them.

5.03 *Subsurface and Physical Conditions*

- A. *Reports and Drawings:* The Supplementary Conditions identify:
 - 1. those reports known to Owner of explorations and tests of subsurface conditions at or adjacent to the Site;
 - 2. those drawings known to Owner of physical conditions relating to existing surface or subsurface structures at the Site (except Underground Facilities); and
 - 3. Technical Data contained in such reports and drawings.
- B. *Reliance by Contractor on Technical Data Authorized:* Contractor may rely upon the accuracy of the Technical Data expressly identified in the Supplementary Conditions with respect to such reports and drawings, but such reports and drawings are not Contract Documents. If no such express identification has been made, then Contractor may rely upon the accuracy of the Technical Data (as defined in Article 1) contained in any geotechnical or environmental report prepared for the Project and made available to Contractor. Except for such reliance on Technical Data, Contractor may not rely upon or make any claim against Owner or Engineer, or any of their officers, directors, members, partners, employees, agents, consultants, or subcontractors, with respect to:
 - 1. the completeness of such reports and drawings for Contractor's purposes, including, but not limited to, any aspects of the means, methods, techniques, sequences, and procedures of construction to be employed by Contractor, and safety precautions and programs incident thereto; or
 - 2. other data, interpretations, opinions, and information contained in such reports or shown or indicated in such drawings; or
 - 3. any Contractor interpretation of or conclusion drawn from any Technical Data or any such other data, interpretations, opinions, or information.

5.04 *Differing Subsurface or Physical Conditions*

- A. *Notice by Contractor:* If Contractor believes that any subsurface or physical condition that is uncovered or revealed at the Site either:
 - 1. is of such a nature as to establish that any Technical Data on which Contractor is entitled to rely as provided in Paragraph 5.03 is materially inaccurate; or
 - 2. is of such a nature as to require a change in the Drawings or Specifications; or
 - 3. differs materially from that shown or indicated in the Contract Documents; or

4. is of an unusual nature, and differs materially from conditions ordinarily encountered and generally recognized as inherent in work of the character provided for in the Contract Documents;

then Contractor shall, promptly after becoming aware thereof and before further disturbing the subsurface or physical conditions or performing any Work in connection therewith (except in an emergency as required by Paragraph 7.15), notify Owner and Engineer in writing about such condition. Contractor shall not further disturb such condition or perform any Work in connection therewith (except with respect to an emergency) until receipt of a written statement permitting Contractor to do so.

- B. *Engineer's Review:* After receipt of written notice as required by the preceding paragraph, Engineer will promptly review the subsurface or physical condition in question; determine the necessity of Owner's obtaining additional exploration or tests with respect to the condition; conclude whether the condition falls within any one or more of the differing site condition categories in Paragraph 5.04.A above; obtain any pertinent cost or schedule information from Contractor; prepare recommendations to Owner regarding the Contractor's resumption of Work in connection with the subsurface or physical condition in question and the need for any change in the Drawings or Specifications; and advise Owner in writing of Engineer's findings, conclusions, and recommendations.
- C. *Owner's Statement to Contractor Regarding Site Condition:* After receipt of Engineer's written findings, conclusions, and recommendations, Owner shall issue a written statement to Contractor (with a copy to Engineer) regarding the subsurface or physical condition in question, addressing the resumption of Work in connection with such condition, indicating whether any change in the Drawings or Specifications will be made, and adopting or rejecting Engineer's written findings, conclusions, and recommendations, in whole or in part.
- D. *Possible Price and Times Adjustments:*
 1. Contractor shall be entitled to an equitable adjustment in Contract Price or Contract Times, or both, to the extent that the existence of a differing subsurface or physical condition, or any related delay, disruption, or interference, causes an increase or decrease in Contractor's cost of, or time required for, performance of the Work; subject, however, to the following:
 - a. such condition must fall within any one or more of the categories described in Paragraph 5.04.A;
 - b. with respect to Work that is paid for on a unit price basis, any adjustment in Contract Price will be subject to the provisions of Paragraph 13.03; and,
 - c. Contractor's entitlement to an adjustment of the Contract Times is conditioned on such adjustment being essential to Contractor's ability to complete the Work within the Contract Times.
 2. Contractor shall not be entitled to any adjustment in the Contract Price or Contract Times with respect to a subsurface or physical condition if:
 - a. Contractor knew of the existence of such condition at the time Contractor made a commitment to Owner with respect to Contract Price and Contract Times by the submission of a Bid or becoming bound under a negotiated contract, or otherwise; or
 - b. the existence of such condition reasonably could have been discovered or revealed as a result of any examination, investigation, exploration, test, or study of the Site and contiguous areas expressly required by the Bidding Requirements or Contract Documents to be conducted by or for Contractor prior to Contractor's making such commitment; or

- c. Contractor failed to give the written notice as required by Paragraph 5.04.A.
- 3. If Owner and Contractor agree regarding Contractor's entitlement to and the amount or extent of any adjustment in the Contract Price or Contract Times, or both, then any such adjustment shall be set forth in a Change Order.
- 4. Contractor may submit a Change Proposal regarding its entitlement to or the amount or extent of any adjustment in the Contract Price or Contract Times, or both, no later than 30 days after Owner's issuance of the Owner's written statement to Contractor regarding the subsurface or physical condition in question.

5.05 *Underground Facilities*

- A. *Contractor's Responsibilities:* The information and data shown or indicated in the Contract Documents with respect to existing Underground Facilities at or adjacent to the Site is based on information and data furnished to Owner or Engineer by the owners of such Underground Facilities, including Owner, or by others. Unless it is otherwise expressly provided in the Supplementary Conditions:
 - 1. Owner and Engineer do not warrant or guarantee the accuracy or completeness of any such information or data provided by others; and
 - 2. the cost of all of the following will be included in the Contract Price, and Contractor shall have full responsibility for:
 - a. reviewing and checking all information and data regarding existing Underground Facilities at the Site;
 - b. locating all Underground Facilities shown or indicated in the Contract Documents as being at the Site;
 - c. coordination of the Work with the owners (including Owner) of such Underground Facilities, during construction; and
 - d. the safety and protection of all existing Underground Facilities at the Site, and repairing any damage thereto resulting from the Work.
- B. *Notice by Contractor:* If Contractor believes that an Underground Facility that is uncovered or revealed at the Site was not shown or indicated in the Contract Documents, or was not shown or indicated with reasonable accuracy, then Contractor shall, promptly after becoming aware thereof and before further disturbing conditions affected thereby or performing any Work in connection therewith (except in an emergency as required by Paragraph 7.15), identify the owner of such Underground Facility and give written notice to that owner and to Owner and Engineer.
- C. *Engineer's Review:* Engineer will promptly review the Underground Facility and conclude whether such Underground Facility was not shown or indicated in the Contract Documents, or was not shown or indicated with reasonable accuracy; obtain any pertinent cost or schedule information from Contractor; prepare recommendations to Owner regarding the Contractor's resumption of Work in connection with the Underground Facility in question; determine the extent, if any, to which a change is required in the Drawings or Specifications to reflect and document the consequences of the existence or location of the Underground Facility; and advise Owner in writing of Engineer's findings, conclusions, and recommendations. During such time, Contractor shall be responsible for the safety and protection of such Underground Facility.
- D. *Owner's Statement to Contractor Regarding Underground Facility:* After receipt of Engineer's written findings, conclusions, and recommendations, Owner shall issue a written statement to Contractor (with a copy to Engineer) regarding the Underground Facility in question, addressing the resumption of Work in connection with such Underground Facility,

indicating whether any change in the Drawings or Specifications will be made, and adopting or rejecting Engineer's written findings, conclusions, and recommendations in whole or in part.

E. *Possible Price and Times Adjustments:*

1. Contractor shall be entitled to an equitable adjustment in the Contract Price or Contract Times, or both, to the extent that any existing Underground Facility at the Site that was not shown or indicated in the Contract Documents, or was not shown or indicated with reasonable accuracy, or any related delay, disruption, or interference, causes an increase or decrease in Contractor's cost of, or time required for, performance of the Work; subject, however, to the following:
 - a. Contractor did not know of and could not reasonably have been expected to be aware of or to have anticipated the existence or actual location of the Underground Facility in question;
 - b. With respect to Work that is paid for on a unit price basis, any adjustment in Contract Price will be subject to the provisions of Paragraph 13.03;
 - c. Contractor's entitlement to an adjustment of the Contract Times is conditioned on such adjustment being essential to Contractor's ability to complete the Work within the Contract Times; and
 - d. Contractor gave the notice required in Paragraph 5.05.B.
2. If Owner and Contractor agree regarding Contractor's entitlement to and the amount or extent of any adjustment in the Contract Price or Contract Times, or both, then any such adjustment shall be set forth in a Change Order.
3. Contractor may submit a Change Proposal regarding its entitlement to or the amount or extent of any adjustment in the Contract Price or Contract Times, or both, no later than 30 days after Owner's issuance of the Owner's written statement to Contractor regarding the Underground Facility in question.

5.06 *Hazardous Environmental Conditions at Site*

A. *Reports and Drawings:* The Supplementary Conditions identify:

1. those reports and drawings known to Owner relating to Hazardous Environmental Conditions that have been identified at or adjacent to the Site; and
2. Technical Data contained in such reports and drawings.

B. *Reliance by Contractor on Technical Data Authorized:* Contractor may rely upon the accuracy of the Technical Data expressly identified in the Supplementary Conditions with respect to such reports and drawings, but such reports and drawings are not Contract Documents. If no such express identification has been made, then Contractor may rely on the accuracy of the Technical Data (as defined in Article 1) contained in any geotechnical or environmental report prepared for the Project and made available to Contractor. Except for such reliance on Technical Data, Contractor may not rely upon or make any claim against Owner or Engineer, or any of their officers, directors, members, partners, employees, agents, consultants, or subcontractors with respect to:

1. the completeness of such reports and drawings for Contractor's purposes, including, but not limited to, any aspects of the means, methods, techniques, sequences and procedures of construction to be employed by Contractor and safety precautions and programs incident thereto; or
2. other data, interpretations, opinions and information contained in such reports or shown or indicated in such drawings; or

AGENDA ITEM

TO: Tim Vandall, City Administrator
FROM: Sarah Bodensteiner, City Clerk
DATE: November 29, 2019
SUBJECT: Renewal of Cereal Malt Beverage License – Petro Deli #2 Inc.

Petro Deli #2 Inc. at 601 S. Main Street has applied for a cereal malt beverage license renewal. The City Clerk, Police Chief, and City Inspector of the Community & Economic Development Departments have reviewed and approved the application. The licensing fee and Kansas State Stamp Tax have been paid.

Action: Staff recommends a motion to approve the Cereal Malt Beverage License for Petro Deli #2 Inc.



CITY OF LANSING

BUSINESS LICENSE APPLICATION

APPLICANT INFORMATION

Name: _____ Date of Birth: ____/____/____

Address: _____
Street City State Zip Code

Telephone (Day): _____ Telephone (Evening): _____ Driver's License #/State Issued: _____
Attach Copy

Vehicle Information (If operating from vehicle): _____
Year Make Model Color(s) State License #

Describe Product (Transient Vendor Only): _____

Statement of Applicant (Ice Cream Vendor, Transient Vendor, Massage Establishment or Therapist Only): I have (), have not (), been convicted of any crime, misdemeanor, or violation of any municipal ordinances. If so, please provide the nature of the offense and the punishment or penalty assessed. _____

BUSINESS INFORMATION

Name of Business: Petro Deli #2 Inc. Business Telephone: 913-727-2198

Type of Business: Convenience Store Business Fax: N/A Website: N/A

Would you prefer to receive correspondence by email? ☐ Yes ☒ No If yes, please provide email address: _____

Business Address: 601 S. Main St. Lansing KS 66043
Street City State Zip Code

Mailing Address (if different): (same)
Street City State Zip Code

On-Site Manager Name: Christy Turley Telephone: 913-727-2198

Kansas Sales Tax Number: 10071 681 001 M Federal Tax ID #: 48-1189172

Owner Name: Rick + Cynthia Jaccard Owner Telephone: 913-351-6558

Owner Address: 12991 E. Gilman Rd. Leavenworth KS 66048
Street City State Zip Code

LICENSE INFORMATION

(LICENSE TYPES AND FEES ON REVERSE)

Type of License: Gen. Business, Food Est., Cereal Malt Renewal: ☒ Yes ☐ No

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made herein are true and correct.

Signature: Cynthia A. Jaccard Title: Owner Date: 11/5/19

No license shall be issued until the applicant or premise complies with all codes and ordinances of the City of Lansing. The Community Development Department may be contacted to schedule an inspection prior to license approval. The Police Department may also review this application prior to license approval.

FOR OFFICIAL USE ONLY:

Application Received By: [Signature] 11/5/19 Cost: 175 License Period: Jan 1 - Dec 31, 2020
Signature Date
Police Signature: [Signature] 12/2/19 Amount Received: 175 ☐ Cash ☒ Check ☐ Credit
Signature Date
Community Development Signature: [Signature] 12/2/19 Additional Information: ☐ Insurance ☐ Attachment B
Signature Date
Notify: ☐ Finance ☐ Public Works ☐ Police ☐ Economic Development ☐ Cereal Malt Beverage Form ☐ Articles of Incorporation
☐ Copy of Photo Identification ☐ Copy of State License
☐ Additional Code Items ☐ Late Fee

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

☒ City or ☐ County of LANSING**SECTION 1 - LICENSE TYPE**Check One: ☐ New License ☒ Renew License ☐ Special Event Permit

Check One:

☐ License to sell cereal malt beverages for consumption on the premises.☒ 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): 10671681 001 MI have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation	<u>Petro Deli #2 Inc.</u>	Principal Place of Business	<u>Lansing KS</u>
Corporation Street Address	<u>601 S. Main St.</u>	Corporation City	<u>Lansing</u>
Date of Incorporation	<u>Sept. 1996</u>	State	<u>KS</u>
Resident Agent Name	<u>Christy L. Turkey</u>	Zip Code	<u>66043</u>
Residence Street Address	<u>1948 Pulfer Rd</u>	Articles of Incorporation are on file with the Secretary of State.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Phone No.	<u>913-449-8844</u>
		City	<u>KC</u>
		State	<u>KS</u>
		Zip Code	<u>66109</u>

SECTION 3 - LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (if different from business address)
DBA Name	Name
Business Location Address	Address
City	City
State	State
Zip	Zip
Business Phone No.	<input type="checkbox"/> Applicant owns the proposed business location. <input 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>Rick L. Jaccard</u>	Position	<u>President</u>	Date of Birth	<u>3/15/55</u>
Residence Street Address	<u>12991 E. Gilman Rd</u>	City	<u>Leaw.</u>	State	<u>KS</u>
Spouse Name		Position		Zip Code	<u>66048</u>
Residence Street Address		City		Date of Birth	
		State		Zip Code	
Name	<u>Cynthia A. Jaccard</u>	Position	<u>Vice-Pres.</u>	Date of Birth	<u>5/27/54</u>
Residence Street Address	<u>12991 E. Gilman Rd</u>	City	<u>Leaw.</u>	State	<u>KS</u>
Spouse Name		Position		Zip Code	<u>66048</u>
Residence Street Address		City		Age	
		State		Zip Code	
Name		Position		Date of Birth	
Residence Street Address		City		State	
Spouse Name		Position		Zip Code	
Residence Street Address		City		Age	
		State		Zip Code	

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

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
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Residence Street Address	City	State	Zip Code
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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 INFORMATIONMy place of business or special event will be conducted by a manager or agent. ☒ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Christy L. Turley	Phone No.	913-449-8844	Date of Birth	8-21-74
Residence Street Address	11948 Polter Rd.	City	KC	Zip Code	66109

Manager or Agent Spousal Information*

Spouse Name	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.

☐ Yes ☒ 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.

☐ Yes ☒ No

All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.

☒ Yes ☐ No**SECTION 7 – DURATION OF SPECIAL EVENT**

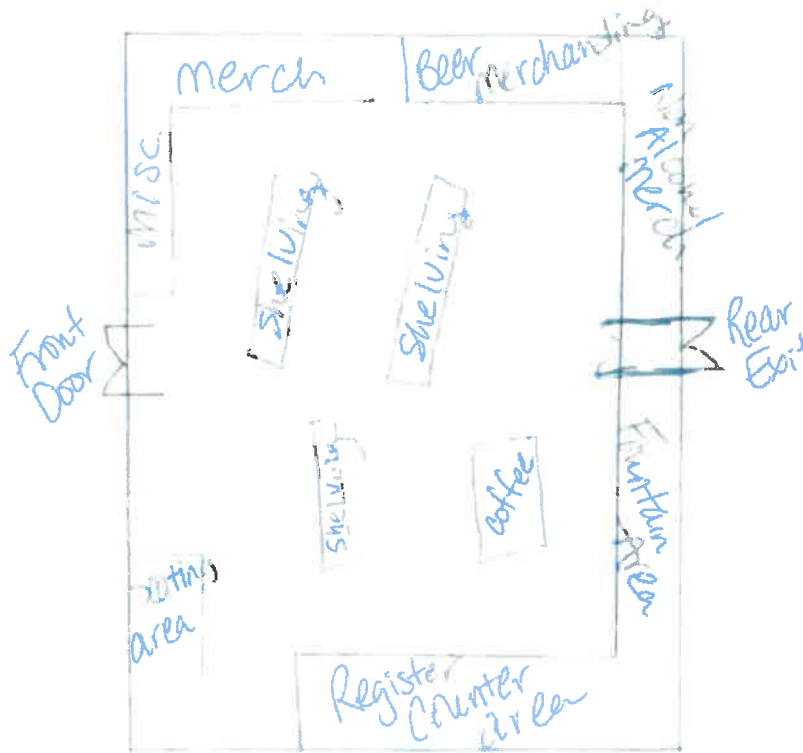
Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM

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.

Petro Deli



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

Cynthia A. Jaccard

DATE

11/5/19

FOR CITY/COUNTY OFFICE USE ONLY:

☒ License Fee Received Amount \$ 500 Date 11/5/19
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

☒ \$25 CMB Stamp Fee Received Date 11/5/19

☒ Background Investigation

☒ Completed Date 11/20/19

☒ 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)

AGENDA ITEM

TO: Tim Vandall, City Administrator
FROM: Sarah Bodensteiner, City Clerk
DATE: November 29, 2019
SUBJECT: Renewal of Cereal Malt Beverage License – Truman Town LLC dba Woody's Gas Express

Truman Town, LLC dba Woody's Gas Express at 109 4-H Road has applied for a cereal malt beverage license renewal. The City Clerk, Police Chief, and City Inspector of the Community & Economic Development Departments have reviewed and approved the application. The licensing fee and Kansas State Stamp Tax have been paid.

Action: Staff recommends a motion to approve the Cereal Malt Beverage License for Truman Town, LLC, dba Woody's Gas Express.

AGENDA ITEM #

6



CITY OF LANSING

BUSINESS LICENSE APPLICATION

APPLICANT INFORMATION

Name: Ali Atra Date of Birth: 3/19/75
 Address: 3704 W 157th Pl Overland Park KS 66224
Street City State Zip Code
 Telephone (Day): 8-679-6707 Telephone (Evening): 8-679-6707 Driver's License #/State Issued: K03-37-6493
Attach Copy
 Vehicle Information (If operating from vehicle): N/A
Year Make Model Color(s) State License #
 Describe Product (Transient Vendor Only): N/A

Statement of Applicant (Ice Cream Vendor, Transient Vendor, Massage Establishment or Therapist Only): I have (), have not (), been convicted of any crime, misdemeanor, or violation of any municipal ordinances. If so, please provide the nature of the offense and the punishment or penalty assessed. N/A

BUSINESS INFORMATION

Name of Business: Woody's Gas Express Business Telephone: 913-250-0844
 Type of Business: Gas + Conv Store Business Fax: 913-250-0854 Website: N/A
 Would you prefer to receive correspondence by email? ☐ Yes ☒ No If yes, please provide email address: _____
 Business Address: 109 4th Road Lansing Kansas 66043
Street City State Zip Code
 Mailing Address (if different): _____
Street City State Zip Code
 On-Site Manager Name: Ali Atra Telephone: _____
 Kansas Sales Tax Number: 004-2731369638-01 Federal Tax ID #: 27-3136963
 Owner Name: Ali Atra + Rayan Arora Owner Telephone: 816-679-6707
 Owner Address: 3704 W 157th Pl Overland Park KS 66224
Rayan Arora 21014 W 60th Terr Shawnee KS 66218
Street City State Zip Code

LICENSE INFORMATION

(LICENSE TYPES AND FEES ON REVERSE)

Type of License: CLUB OCF Premise, Food, General Renewal: ☒ Yes ☐ No

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made herein are true and correct.

Signature: Annam Title: MANAGING OFFICER Date: 10/17/19

No license shall be issued until the applicant or premise complies with all codes and ordinances of the City of Lansing. The Community Development Department may be contacted to schedule an inspection prior to license approval. The Police Department may also review this application prior to license approval.

FOR OFFICIAL USE ONLY:			
Application Received By: <u>[Signature]</u>	Signature	Cost: <u>175</u>	License Period: <u>Jan 1-Dec 31 2020</u>
Police Signature: <u>[Signature]</u>	Signature	Amount Received: <u>175</u>	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit
Community Development Signature: <u>[Signature]</u>	Signature	Additional Information:	<input type="checkbox"/> Insurance <input type="checkbox"/> Attachment B
			<input type="checkbox"/> Cereal Malt Beverage Form <input type="checkbox"/> Articles of Incorporation
			<input type="checkbox"/> Copy of Photo Identification <input type="checkbox"/> Copy of State License
			<input type="checkbox"/> Additional Code Items <input type="checkbox"/> Late Fee
Notify: <input type="checkbox"/> Finance <input type="checkbox"/> Public Works <input type="checkbox"/> Police <input type="checkbox"/> Economic Development			

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

☒ City or ☐ County of LANSING

SECTION 1 - LICENSE TYPE

Check One: ☐ New License ☒ Renew License ☐ Special Event Permit

Check One:

☐ License to sell cereal malt beverages for consumption on the premises

☒ 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): 004-273136963F-01

I have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation Truman Town LLC

Principal Place of Business 109 4th road

Corporation Street Address 5708 mercier

Corporation City Kansas City State MO Zip Code 64118

Date of Incorporation July 29 2010

Articles of Incorporation are on file with the Secretary of State. ☒ Yes ☐ No

Resident Agent Name ANUJ ARORA

Phone No. 913-980-0929

Residence Street Address 21014 W 60th terr

City Shawnee State KS Zip Code 66218

SECTION 3 - LICENSED PREMISE

Licensed Premise
(Business Location or Location of Special Event)

Mailing Address
(If different from business address)

DBA Name Woodys Gas Express

Name

Business Location Address 109 4th road

Address

City LANSING State KS Zip 66043

City State Zip

Business Phone No. 913 250-0844

☐ Applicant owns the proposed business location.
☐ Applicant does not own the proposed business location.

Business Location Owner Name(s) Ali Atra + Rajan Arora

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 Ali Atra Position Member Date of Birth 3-19-75

Residence Street Address 3704 W 157th Place City Overland Park State KS Zip Code 66204

Spouse Name Rania Atra Position Date of Birth 1-1-80

Residence Street Address Same as above City State Zip Code

Name Rajan Arora Position Member Date of Birth 9-13-53

Residence Street Address 21014 W 60th terr City Shawnee State KS Zip Code 66218

Spouse Name Rashmi Arora Position Age 9-29-56

Residence Street Address Same as above City State Zip Code

Name Anu Arora Position Managing officer Date of Birth 7-21-78

Residence Street Address 21014 W 60th terr City State Zip Code 66218

Spouse Name Sarah Arora Position Age

Residence Street Address Same as above City State Zip Code

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

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
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. ☐ Yes ☐ No

If yes, provide the following:

Manager/Agent Name <i>Anny Arora</i>	Phone No. <i>913-980-0927</i>	Date of Birth <i>7-31-78</i>
Residence Street Address <i>21011 W 60th Ter</i>	City <i>Shawnee</i>	Zip Code <i>66218</i>

Manager or Agent Spousal Information*

Spouse Name <i>Sarah Arora</i>	Phone No. <i>816-812-6211</i>	Date of Birth <i>06-19-1989</i>
Residence Street Address <i>21011 W 60th TERRACE</i>	City <i>SHAWNEE KS</i>	Zip Code <i>66218</i>

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.

☐ Yes ☒ 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.

☐ Yes ☒ No

All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.

☒ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input 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)

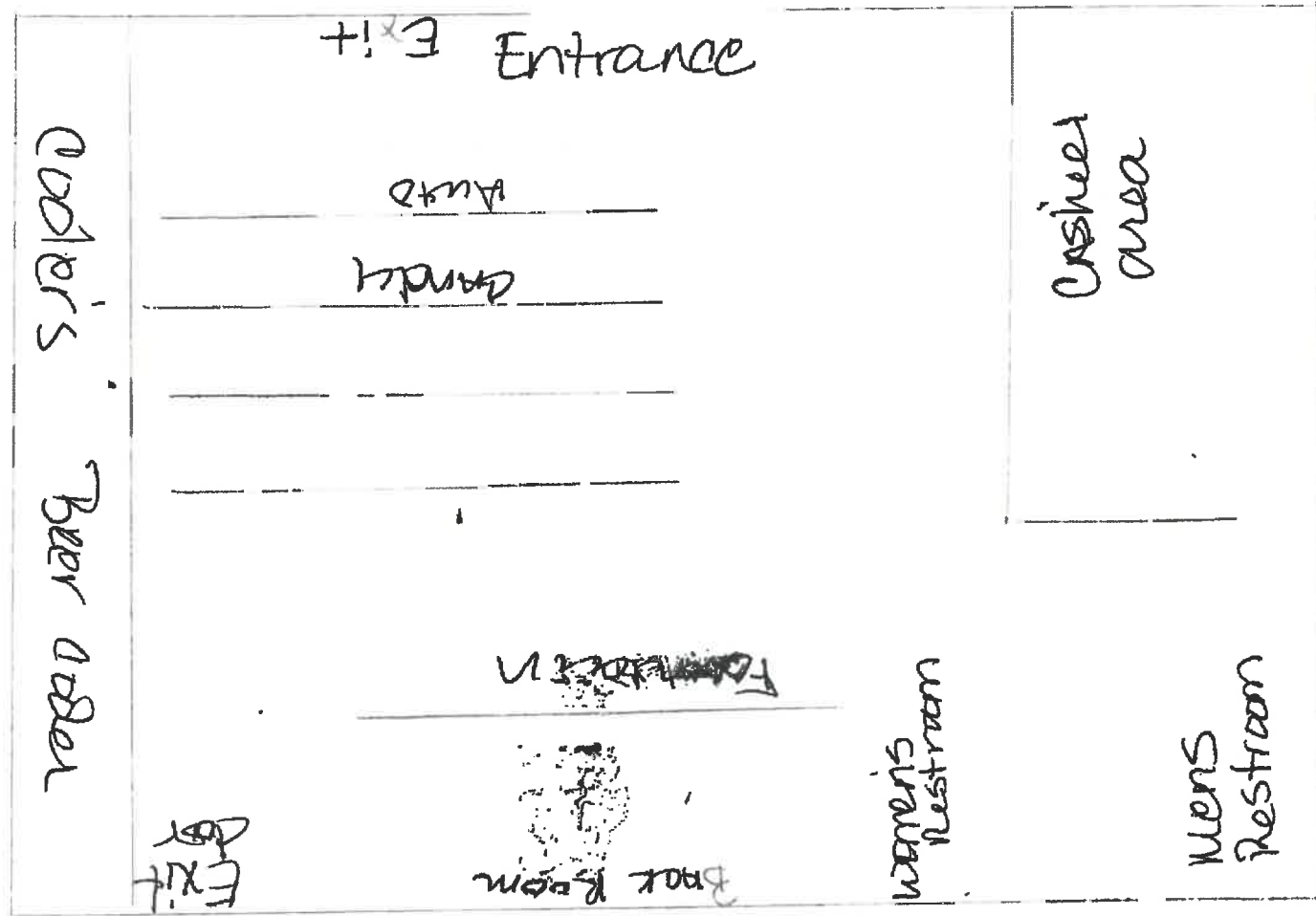
SIGNATURE [Signature]DATE 10/18/19**FOR CITY/COUNTY OFFICE USE ONLY:**

- ☒ License Fee Received Amount \$ 50 Date 11/5/19
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)
- ☒ \$25 CMB Stamp Fee Received Date 11/5/19
- ☒ Background Investigation ☒ Completed Date 11/21/19 ☒ 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)

Wright's Express
1094 H road
Lansing MS 39043



AGENDA ITEM

TO: Tim Vandall, City Administrator
FROM: Sarah Bodensteiner, City Clerk
DATE: November 29, 2019
SUBJECT: Renewal of Cereal Malt Beverage License – Shree Nivas Inc. dba Finish Line

Shree Nivas Inc. dba Finish Line at 506 N. Main Street has applied for a cereal malt beverage license renewal. The City Clerk, Police Chief, and City Inspector of the Community & Economic Development Departments have reviewed and approved the application. The licensing fee and Kansas State Stamp Tax have been paid.

Action: Staff recommends a motion to approve the Cereal Malt Beverage License for Shree Nivas Inc. dba Finish Line

AGENDA ITEM #

7



CITY OF LANSING

BUSINESS LICENSE APPLICATION

APPLICANT INFORMATION

Name: Kishor Patel Date of Birth: 1/17/65
Address: 603 Willow Court Lansing KS 66043
Street City State Zip Code
Telephone (Day): 913-250-1175 Telephone (Evening): 201-920-4204 Driver's License #/State Issued: K 02-87-7299
Vehicle Information (If operating from vehicle): 2008 Chevrolet Uplander Red 402-BAY
Year Make Model Color(s) State License #
Describe Product (Transient Vendor Only): _____

Statement of Applicant (Ice Cream Vendor, Transient Vendor, Massage Establishment or Therapist Only): I have (), have not (), been convicted of any crime, misdemeanor, or violation of any municipal ordinances. If so, please provide the nature of the offense and the punishment or penalty assessed. _____

BUSINESS INFORMATION

Name of Business: Shree Nivas Inc. dba Finish Line Business Telephone: 913-250-1175
Type of Business: Convenience Store Business Fax: 913-250-1176 Website: _____
Would you prefer to receive correspondence by email? ☐ Yes ☐ No If yes, please provide email address: _____
Business Address: 506 N. Main St Lansing KS 66043
Street City State Zip Code
Mailing Address (if different): 506 N. Main St Lansing KS 66043
Street City State Zip Code
On-Site Manager Name: Archana Patel Telephone: 913-250-1175
Kansas Sales Tax Number: 004-205679538F-01 Federal Tax ID #: 20-5679538
Owner Name: Kishor Patel Owner Telephone: 201-920-4204
Owner Address: 603 Willow Ct Lansing KS 66043
Street City State Zip Code

LICENSE INFORMATION

(LICENSE TYPES AND FEES ON REVERSE)

Type of License: Cereal Malt Beverage / General Business / Food Establishment Renewal: ☒ Yes ☐ No

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made herein are true and correct.

Signature: [Signature] Title: Owner Date: 10/25/19

No license shall be issued until the applicant or premise complies with all codes and ordinances of the City of Lansing. The Community Development Department may be contacted to schedule an inspection prior to license approval. The Police Department may also review this application prior to license approval.

FOR OFFICIAL USE ONLY:

Application Received By: Shantel Ingram 10/25/19 Cost: 175.00 License Period: Jan. 1, 2020
Signature Date
Police Signature: Steven L. [Signature] 12/23/19 Amount Received: 175.00 ☐ Cash ☒ Check ☐ Credit
Signature Date
Community Development Signature: Frederica Lunde 12/2/19 Additional Information: ☐ Insurance ☐ Attachment B
Signature Date
Notify: ☐ Finance ☐ Public Works ☐ Police ☐ Economic Development ☐ Cereal Malt Beverage Form ☐ Articles of Incorporation
☐ Copy of Photo Identification ☐ Copy of State License
☐ Additional Code Items ☐ Late Fee

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

☐ City or ☐ County of _____**SECTION 1 – LICENSE TYPE**Check One: ☐ New License ☒ Renew License ☐ Special Event Permit

Check One:

☐ License to sell cereal malt beverages for consumption on the premises.☐ 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): 004-205679538 F-01

I have registered as an Alcohol Dealer with the TTB. ☐ Yes (required for new application)

Name of Corporation SHREE NIVAS INC		Principal Place of Business	
Corporation Street Address 603 WILLOW COURT	Corporation City LANSING	State KS	Zip Code 66043
Date of Incorporation 10/6/2006	Articles of Incorporation are on file with the Secretary of State.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Agent Name KISHOR PATEL	Phone No. 913-250-1175		
Residence Street Address 603 WILLOW COURT	City LANSING	State KS	Zip Code 66043

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name FINISH LINE	Name
Business Location Address 506 N. MAIN ST.	Address
City LANSING	City
State KS	State
Zip 66043	Zip
Business Phone No. 913-250-1175	<input type="checkbox"/> Applicant owns the proposed business location. <input 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 KISHOR PATEL	Position PRESIDENT	Date of Birth
Residence Street Address 603 Willow Ct.	City Lansing	State KS
		Zip Code 66043
Spouse Name Archana K Patel	Position Secretary	Date of Birth
Residence Street Address 603 Willow Ct	City Lansing	State KS
		Zip Code 66043
Name	Position SECRETARY	Date of Birth
Residence Street Address	City	State
		Zip Code
Spouse Name	Position	Age
Residence Street Address	City	State
		Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State
		Zip Code
Spouse Name	Position	Age
Residence Street Address	City	State
		Zip Code

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

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
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Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
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Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
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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. ☐ Yes ☐ No

If yes, provide the following:

Manager/Agent Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

Manager or Agent Spousal Information*

Spouse Name	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. ☐ Yes ☐ 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. ☐ Yes ☐ No

All of the individuals identified in Sections 4 & 5 are at least 21 years of age*. ☐ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input 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 _____

DATE _____

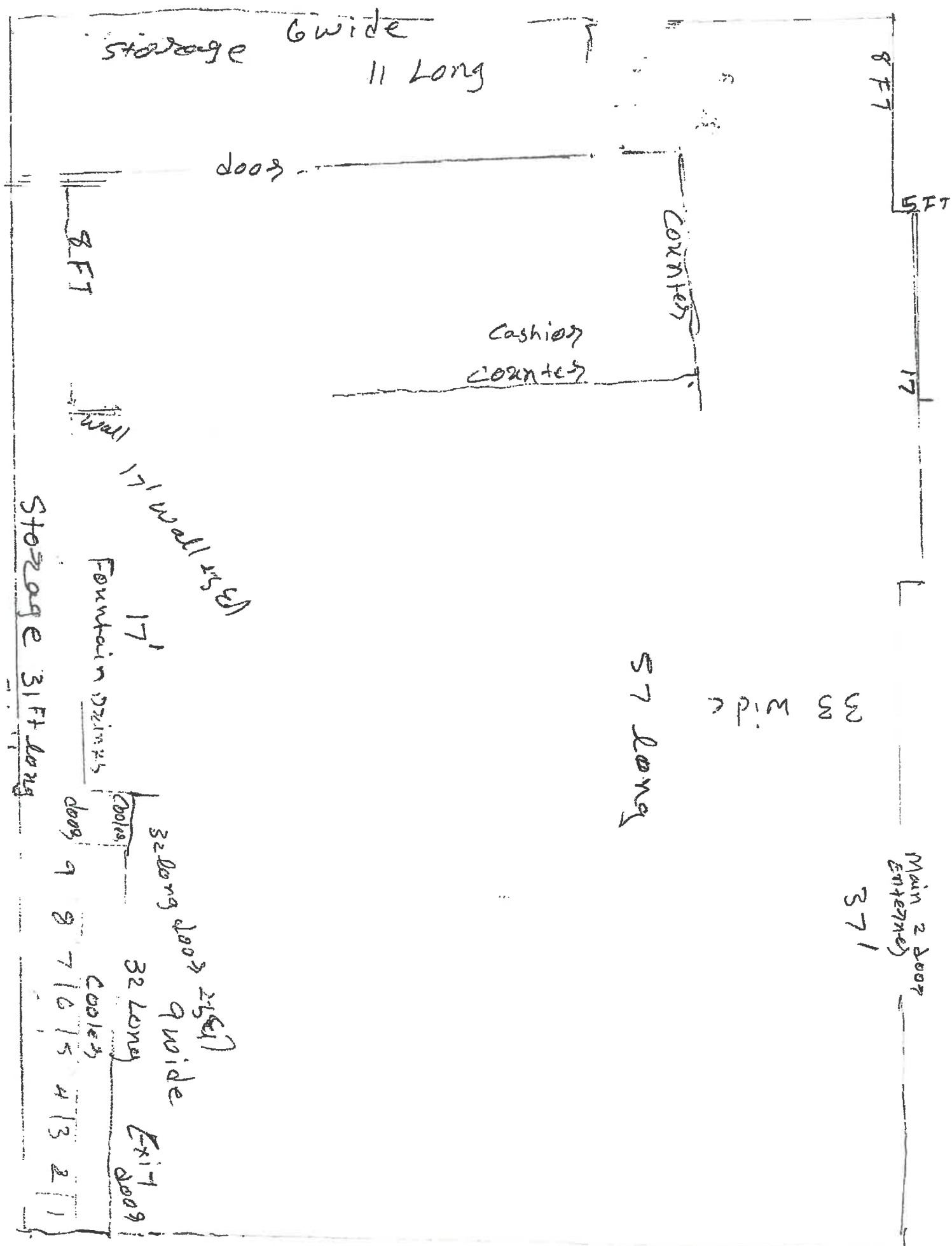
10/25/19

FOR CITY/COUNTY OFFICE USE ONLY:

- ☒ License Fee Received Amount \$ 50 Date 10/25/19
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)
- ☒ \$25 CMB Stamp Fee Received Date 10/25/19
- ☒ Background Investigation ☒ Completed Date 11/29/19 ☒ 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)



AGENDA ITEM

TO: Tim Vandall, City Administrator
FROM: Sarah Bodensteiner, City Clerk
DATE: November 29, 2019
SUBJECT: Renewal of Cereal Malt Beverage License – Aldi Inc.

Aldi Inc. at 1217 N. Main Street has applied for a cereal malt beverage license renewal. The City Clerk, Police Chief, and City Inspector of the Community & Economic Development Departments have reviewed and approved the application. The licensing fee and Kansas State Stamp Tax have been paid.

Action: Staff recommends a motion to approve the Cereal Malt Beverage License for Aldi Inc.

AGENDA ITEM #

8



CITY OF LANSING

BUSINESS LICENSE APPLICATION

APPLICANT INFORMATION

Name: ALDI Inc Date of Birth: / /
Address: 10505 South K7 Hwy Olathe Kansas 66061
Street City State Zip Code
Telephone (Day): 913-768-1119 Telephone (Evening): Driver's License #/State Issued:
Attach Copy
Vehicle Information (If operating from vehicle): N/A
Year Make Model Color(s) State License #

Describe Product (Transient Vendor Only):

Statement of Applicant (Ice Cream Vendor, Transient Vendor, Massage Establishment or Therapist Only): I have (), have not (), been convicted of any crime, misdemeanor, or violation of any municipal ordinances. If so, please provide the nature of the offense and the punishment or penalty assessed:

BUSINESS INFORMATION

Name of Business: ALDI INC. Kansas #98 Business Telephone: 913-768-1119
Type of Business: Grocery Store Business Fax: Website:
Would you prefer to receive correspondence by email? ☒ Yes ☐ No If yes, please provide email address: Sophia.ombasof@aldi.us
Business Address: 1217 North Main Lansing KS 66043
Street City State Zip Code
Mailing Address (if different): 10505 South K7 Hwy Olathe KS 66061
Street City State Zip Code
On-Site Manager Name: Dominic Escobar Telephone: 913-424-8522
Kansas Sales Tax Number: 004-42112447-F01 Federal Tax ID #: 42-112447
Owner Name: ALDI INC. Owner Telephone: 913-768-1119
Owner Address: 10505 South K7 Hwy Olathe KS 66061
Street City State Zip Code

LICENSE INFORMATION

(LICENSE TYPES AND FEES ON REVERSE)

Type of License: CMB/General Business License Renewal: ☒ Yes ☐ No

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made herein are true and correct.

Signature: Mal Best Title: Vice President Date: 10/18/19

No license shall be issued until the applicant or premise complies with all codes and ordinances of the City of Lansing. The Community Development Department may be contacted to schedule an inspection prior to license approval. The Police Department may also review this application prior to license approval.

FOR OFFICIAL USE ONLY:

Application Received By: [Signature] 11/15/19 Cost: 125 License Period: Jan 1 - Dec 31, 2020
Signature Date
Police Signature: [Signature] 12/22/2019 Amount Received: 125 ☐ Cash ☒ Check ☐ Credit
Signature Date Additional Information: ☐ Insurance ☐ Attachment B
Community Development Signature: [Signature] 12/2/19 ☒ Cereal Malt Beverage Form ☐ Articles of Incorporation
Signature Date ☐ Copy of Photo Identification ☐ Copy of State License
Notify: ☐ Finance ☐ Public Works ☐ Police ☐ Economic Development ☐ Additional Code Items ☐ Late Fee

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

☒ City or ☐ County of Lansing

SECTION 1 - LICENSE TYPE

Check One: ☐ New License ☒ Renew License ☐ Special Event Permit

Check One:

☐ License to sell cereal malt beverages for consumption on the premises.

☒ 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): 004-421112447-F01

I have registered as an Alcohol Dealer with the TTB. ☒ Yes (required for new application)

Name of Corporation ALDI, Inc. (Kansas)	Principal Place of Business		
Corporation Street Address 10505 S. K-7 Hwy	Corporation City Olathe	State Kansas	Zip Code 66061
Date of Incorporation November 7, 1978	Articles of Incorporation are on file with the Secretary of State.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Agent Name Sophia Ombaso - Real Estate Assistant	Phone No. 913-768-1119 x 136		
Residence Street Address 10505 S. K-7 Hwy	City Olathe	State KS	Zip Code 66061

SECTION 3 - LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name ALDI #98	Name ALDI, Inc. (Kansas)
Business Location Address 1217 N. Main	Address 10505 S. K-7 Hwy.
City Lansing	City Olathe
State Kansas	State Kansas
Zip 66043	Zip 66061
Business Phone No. 913-768-1119	<input checked="" type="checkbox"/> Applicant owns the proposed business location. <input type="checkbox"/> Applicant does not own the proposed business location.
Business Location Owner Name(s) ALDI, Inc. (Kansas)	

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 George Mark Bersted	Position Vice President	Date of Birth 2-9-1960
Residence Street Address 11770 Pine Street	City Olathe	State Kansas
		Zip Code 66061
Spouse Name Laura Ann Bersted	Position spouse	Date of Birth 4-19-1960
Residence Street Address 11770 Pine Street	City Olathe	State Kansas
		Zip Code 66061
Name	Position	Date of Birth
Residence Street Address	City	State
		Zip Code
Spouse Name	Position	Age
Residence Street Address	City	State
		Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State
		Zip Code
Spouse Name	Position	Age
Residence Street Address	City	State
		Zip Code

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

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
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Spouse Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
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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. ☒ Yes ☐ No

If yes, provide the following:

Manager/Agent Name Dominic Escobar	Phone No. 913-424-8522	Date of Birth 06/04/1988
Residence Street Address 2084 South 137th Street	City Bonner Springs, Kansas	Zip Code 66012

Manager or Agent Spousal Information*

Spouse Name Kelly Escobar	Phone No. 636-352-7973	Date of Birth 01/15/1991
Residence Street Address 2084 South 137th Street	City Bonner Springs, Kansas	Zip Code 66012

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.

☐ Yes ☒ 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.

☐ Yes ☒ No

All of the individuals identified in Sections 4 & 5 are at least 21 years of age*.

☒ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input 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. 63-601)

SIGNATURE

Mat Bost

DATE

10/18/19

FOR CITY/COUNTY OFFICE USE ONLY:

☒ License Fee Received Amount \$ 50 Date 11/18/19
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

☒ \$25 CMB Stamp Fee Received Date 11/18/19

☒ Background Investigation

☒ Completed Date 11/20/19

☒ 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: _____

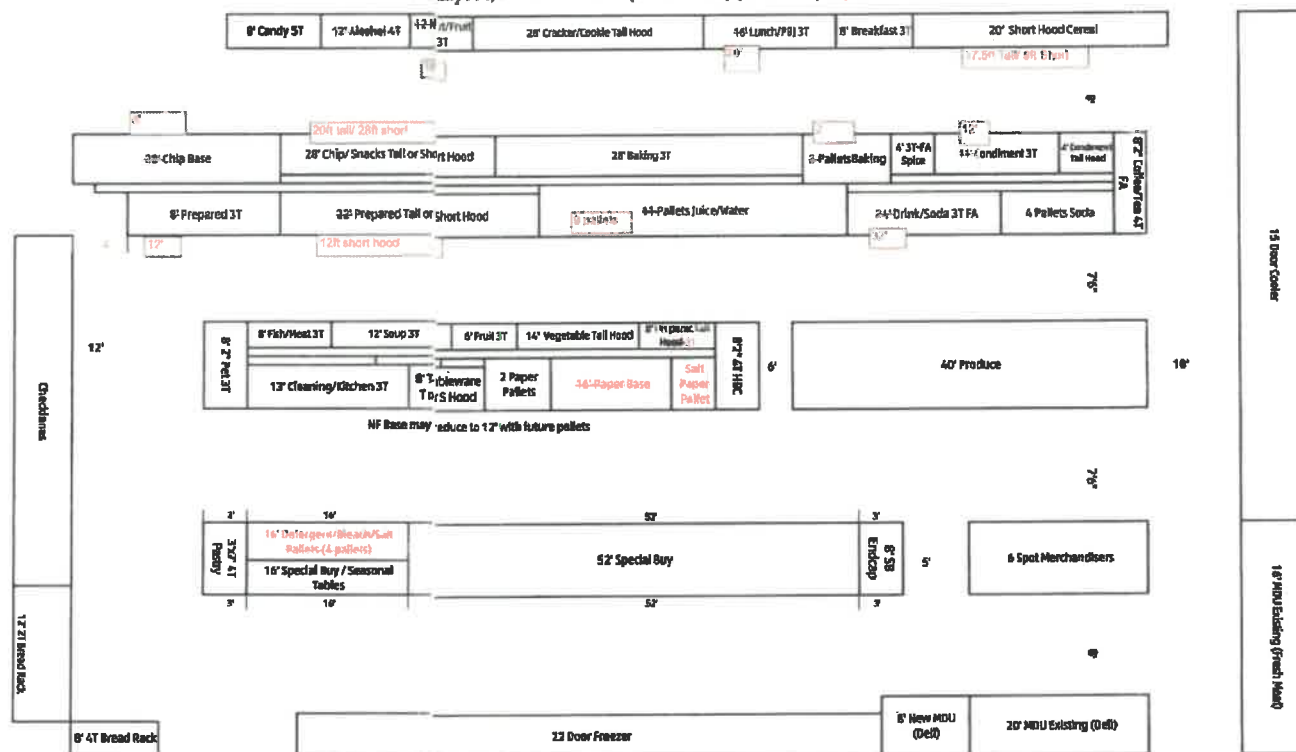
☐ Special Event Permit Approved

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)

4 Aisle Layout, 22 Door Freezer (Not to Scale) (84' x 170') Updated 2/09/16

**NOTES:**

The red font in this diagram indicates that shelving and product has been repositioned since the November 16th update. 4' of hood has been added to prepared food. There is excess 4' hood in existing stores. Therefore, no changes to shelving orders are required.

Shelving near the checklane in Aisle 2 should start 4' from the end of the checklane.

Baking 28' 3T in fluctuate as needed between 24'-28' from summer to winter

SB MERCHANDISING NOTES:
 PUSH SB TABLES TOGETHER LEAVING NO GAP IN MIDDLE. IN 7'-0" SB GONDOLA, 8'-0" SB ENDCAP

No reset -
 2 mobile beer displays
 at checklanes

Test Locations:

BAT #24 Wheaton, IL

AGENDA ITEM

TO: Tim Vandall, City Administrator
FROM: Sarah Bodensteiner, City Clerk
DATE: November 29, 2019
SUBJECT: Request for Cereal Malt Beverage License – GMRG ACQ 1, LLC dba Pizza Hut

GMRG ACQ 1, LLC dba Pizza Hut at 407 North Main Street has applied for a new cereal malt beverage license. The City Clerk, Police Chief, and City Inspector of the Community & Economic Development Departments have reviewed and approved the application. The licensing fee and Kansas State Stamp Tax have been paid.

Action: Staff recommends a motion to approve the Cereal Malt Beverage License for GMRG ACQ 1 LLC, dba Pizza Hut.



CITY OF LANSING

BUSINESS LICENSE APPLICATION

APPLICANT INFORMATION

Name: _____ Date of Birth: ____/____/____

Address: _____
Street City State Zip Code

Telephone (Day): _____ Telephone (Evening): _____ Driver's License #/State Issued: _____
Attach Copy

Vehicle Information (If operating from vehicle): _____
Year Make Model Color(s) State License #

Describe Product (Transient Vendor Only): _____

Statement of Applicant (Ice Cream Vendor, Transient Vendor, Massage Establishment or Therapist Only): I have (), have not (), been convicted of any crime, misdemeanor, or violation of any municipal ordinances. If so, please provide the nature of the offense and the punishment or penalty assessed. _____

BUSINESS INFORMATION

Name of Business: GMRG ACQ 1, LLC / DBA: Pizza Hut 034976 Business Telephone: 913-727-3232

Type of Business: Restaurant Business Fax: _____ Website: _____

Would you prefer to receive correspondence by email? ☒ Yes ☐ No If yes, please provide email address: jodie.kaste@gmpizzahut.com

Business Address: 407 North Main Street Lansing, KS 66046
Street City State Zip Code

Mailing Address (if different): _____
Street City State Zip Code

On-Site Manager Name: Teri Dean Telephone: 913-240-9664

Kansas Sales Tax Number: 004-822381178F-01 Federal Tax ID #: 82-2381178

Owner Name: Michael Cherney (CEO) Owner Telephone: 646-584-3507

Owner Address: 2050 North Clark Street, Apt 408, Chicago, IL 60614
Street City State Zip Code

LICENSE INFORMATION

(LICENSE TYPES AND FEES ON REVERSE)

Type of License: CMB Renewal: ☐ Yes ☒ No

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made herein are true and correct.

Signature: Michael Cherney Digitally signed by Michael Cherney
Date: 2019.11.12 16:31:19 -06'00' Title: CEO/Owner Date: 11/12/19

No license shall be issued until the applicant or premise complies with all codes and ordinances of the City of Lansing. The Community Development Department may be contacted to schedule an inspection prior to license approval. The Police Department may also review this application prior to license approval.

FOR OFFICIAL USE ONLY:			
Application Received By: _____ Signature	Date: <u>11/18/19</u>	Cost: <u>225</u>	License Period: <u>Jan 1 - Dec 31, 2020</u>
Police Signature: _____ Signature	Date: <u>12/22/2019</u>	Amount Received: <u>225</u>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
Community Development Signature: _____ Signature	Date: <u>12/2/19</u>	Additional Information: <input type="checkbox"/> Insurance <input type="checkbox"/> Attachment B	
		<input type="checkbox"/> Cereal Malt Beverage Form <input type="checkbox"/> Articles of Incorporation	
		<input type="checkbox"/> Copy of Photo Identification <input type="checkbox"/> Copy of State License	
		<input type="checkbox"/> Additional Code Items <input type="checkbox"/> Late Fee	
Notify: <input type="checkbox"/> Finance <input type="checkbox"/> Public Works <input type="checkbox"/> Police <input type="checkbox"/> Economic Development			

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

☒ City or ☐ County of Lansing, Kansas

SECTION 1 – LICENSE TYPE

Check One: ☒ New License ☐ Renew License ☐ Special Event Permit

Check One:

☒ License to sell cereal malt beverages for consumption on the premises.

☐ 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): 004-822381178F-01

I have registered as an Alcohol Dealer with the TTB. ☒ Yes (required for new application)

Name of Corporation GMRG ACQ 1, LLC		Principal Place of Business	
Corporation Street Address 10880 Benson, Suite 2320	Corporation City Overland Park	State KS	Zip Code 66210
Date of Incorporation 8/3/17	Articles of Incorporation are on file with the Secretary of State.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Agent Name Jen Seward	Phone No. 620-243-2955		
Residence Street Address 1695 N. Mayfield Rd	City Hutchinson	State KS	Zip Code 67501

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)			Mailing Address (If different from business address)		
DBA Name Pizza Hut #034976			Name Pizza Hut #034976		
Business Location Address 407 North Main Street			Address 10880 Benson, Suite 2320		
City Lansing	State KS	Zip 67046	City Overland Park	State KS	Zip 66210
Business Phone No. 913-727-3232			<input checked="" type="checkbox"/> Applicant owns the proposed business location. <input type="checkbox"/> Applicant does not own the proposed business location.		
Business Location Owner Name(s) Michael Cherney					

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 Michael Cherney	Position CEO	Date of Birth 1/23/1993
Residence Street Address 2050 North Clark St, Apt 408	City Chicago	State IL
Zip Code 60614		
Spouse Name Sara Cherney	Position N/A	Date of Birth 6/23/1991
Residence Street Address 2050 North Clark St, Apt 408	City Chicago	State IL
Zip Code 60614		
Name Tim Quinlan	Position Passive Investor	Date of Birth 10/4/1976
Residence Street Address 14 East 93rd Street	City New York	State NY
Zip Code 10028		
Spouse Name Courtney Quinlan	Position	Age 5/14/76
Residence Street Address 14 East 93rd Street	City New York	State NY
Zip Code 10028		
Name	Position	Date of Birth
Residence Street Address	City	State
Zip Code		
Spouse Name	Position	Age
Residence Street Address	City	State
Zip Code		

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

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
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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. ☒ Yes ☐ No

If yes, provide the following:

Manager/Agent Name Teri Dean	Phone No. 913-240-9664	Date of Birth 12/03/1978
Residence Street Address 124 Continental Drive	City Lansing	Zip Code 67043

Manager or Agent Spousal Information*

Spouse Name Ishi Dean	Phone No. 913-704-5528	Date of Birth 01/31/1979
Residence Street Address 124 Continental Drive	City Lansing	Zip Code 67043

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.

☐ Yes ☒ 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.

☐ Yes ☒ No

All of the individuals identified in Sections 4 & 5 are at least 21 years of age*

☒ Yes ☐ No

SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input 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

Minist Channing

DATE 9/27/2019

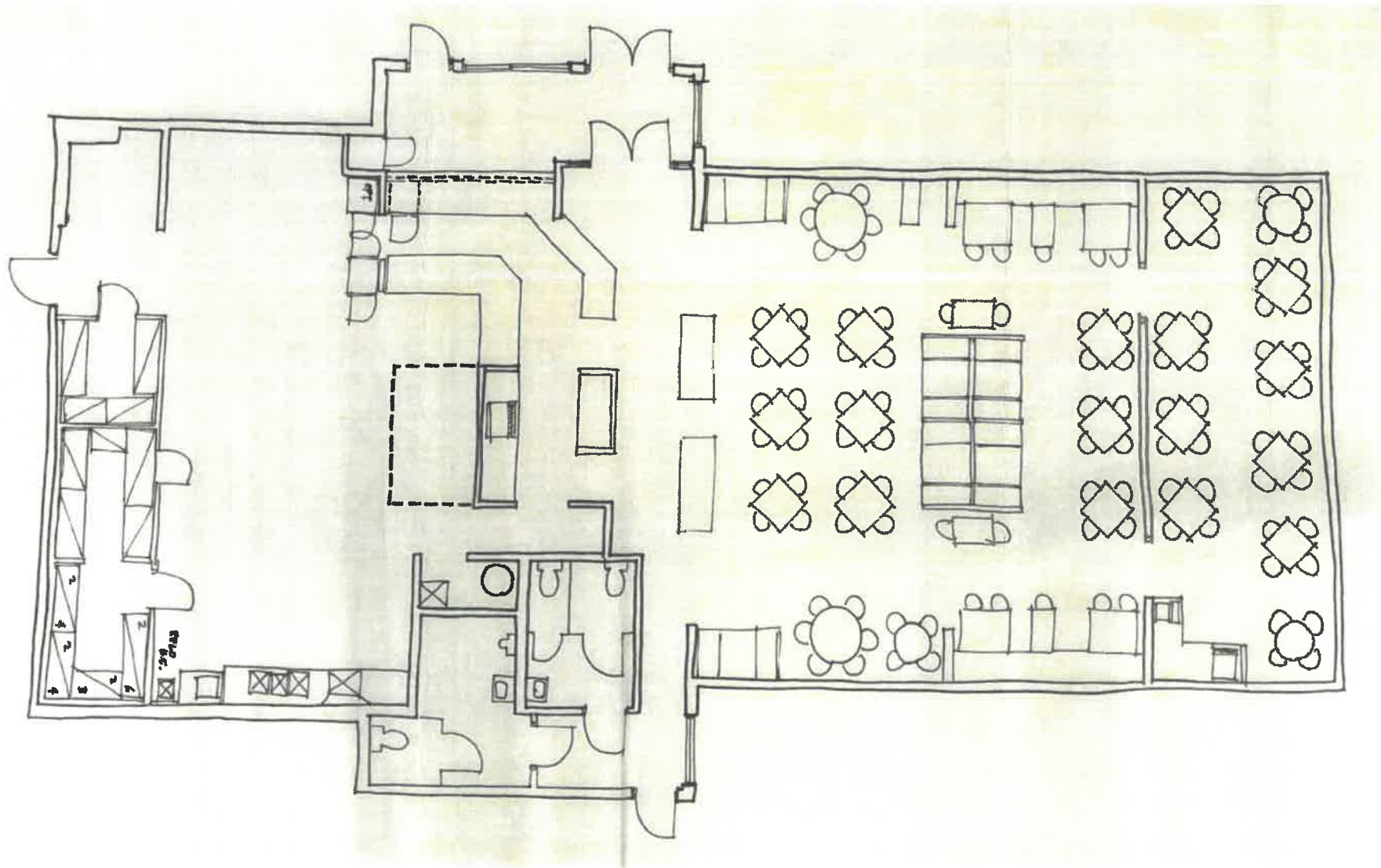
FOR CITY/COUNTY OFFICE USE ONLY:

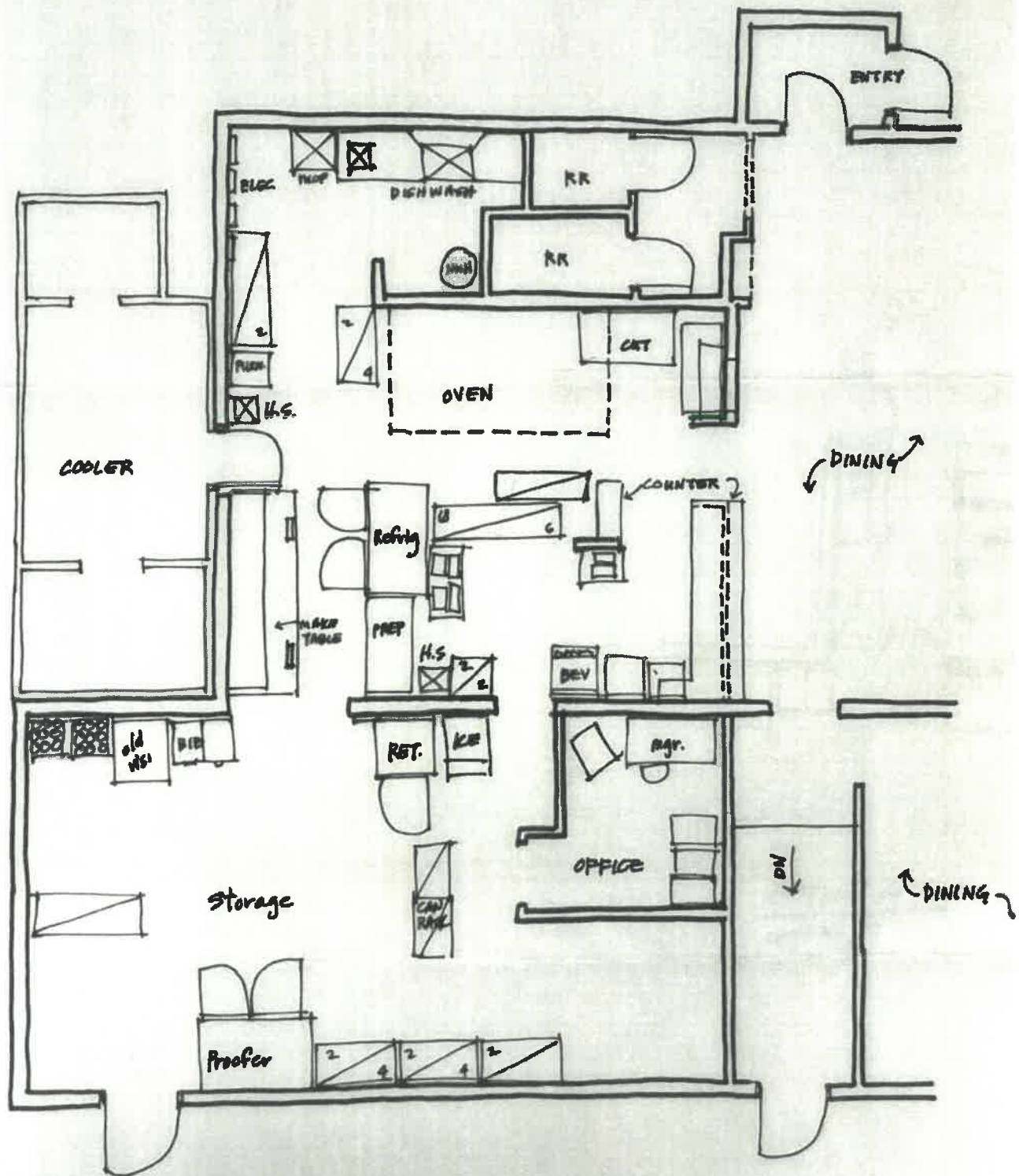
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(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)
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- ☒ Background Investigation ☒ Completed Date 11/29/19 ☒ Qualified ☐ Disqualified
- ☒ Verified applicant has registered with the 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: _____

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Pizza Hut 34976
407 N Main St
Lansing, KS 66046





EXIST. EQUIPMENT LAYOUT
LANSING, KS

$1/4" = 1'-0"$