APPLICATION FOR FESTIVAL LICENSE Pursuant to RSMo § 316.160

APPLICANT INFORMATION
1. Name of Applicant or Organization: Catherine A Holle of Kansas City Bier Company, Li
(If, Partnership – names and addresses of partners; Organization – signed by President, VP and Secretary, with a copy of Articles of Incorporation)
2. Age of Applicant: 57
3. Residence of Applicant: 310 W 79th St, KC MO 64114
4. Mailing Address: 310 W 79th St, KC MO 64114
5. Phone Number: 816-214-8691 business #, 913-269-7847 Catherine's Cell #
6. Email Address: <u>cathy@kcbier.com OR info@kcoktoberfest.com</u>
EVENT DETAILS
7. Name of Festival: KCBC Oktoberfest 2025
8. Type of Festival (check all that apply):
9. Location/Address of Festival: Crown Center Square, 2425 Grand Blvd
City: Kansas City County: Jackson
ZIP: 64108
10. Proposed Dates and Hours of Operation:
Start Date/Time: Set Up: Thursday, October 2nd, 9:00am-7:00pm Actual Event: Friday, October 3rd, 5:00pm-11:00pm Actual Event: Saturday, October 4th, 11:00am-11:00pm
16 000 over the 1 E days of energtion
11. Expected Attendance: 16,000 over the 1.5 days of operation
12. Legal Owner of Property: Crown Center Redevelopment Corporation, LLC
If applicant is not the property owner, attach written permission from
property owner.
13. Site Plan Attached? ☒ Yes ☐ No
FINANCIAL BACKERS
14. List any individual or entity contributing/investing over \$500: Name: Kansas City Bier Company, LLC Amount:
Address: 310 W 79th St, KC MO 64114
□ Additional names and interests attached

15. Check and fill out all that apply:
☑ Food and Beverage Service
Will food be sold or served? Ճ Yes □ No
Number of food vendors:16
Temporary Food Permits secured from Jackson County? ☐ Yes 🛮 No
☑ Alcohol Service Permits will be acquired from KC MO Health Department
Will alcohol be served? ☒ Yes ☐ No
License obtained from Missouri ATC? ☑ Yes ☐ No
Licensed servers? ☐ Yes ☐ No KC MO no longer requires individual liquor licenses
Type of alcohol: ☑ Beer ☑ Wine □ Spirits
🖾 Live Entertainment
Type of performances: Bands
Amplified sound? ☑ Yes □ No
Stage(s) planned? □XYes □ No 3
☐ Amusement Rides or Attractions NO
Type:
Permit obtained from Missouri Division of Fire Safety? ☐ Yes ☐ No
□ Fireworks or Pyrotechnics NO
Licensed pyrotechnician? \square Yes \square No
Permit obtained? ☐ Yes ☐ No
☑ On-site Medical or First Aid Station ☑ Yes □ No
☑ Security Staff or Law Enforcement Present? ☑ Yes ☐ No
Provider: 3 providers: Crown Center Security, KC MO Off Duty Police, NPB private Security
Number of staff: 6 + 6 + 18 = 30 each day
PUBLIC SERVICES AND FACILITIES
16. Portable Restrooms Provided: Yes □ No Quantity: 65 Regular + 4 ADA
17. Trash Disposal Plan Attached: □ Yes ଅ No

Crown Center Maintenace staff handles all of this as part of our contract.

18. Traffic and Parking Plan Attached: ⊠ Yes □ No
19. Noise Mitigation Measures (if any):
APPLICATION FEE ☑ Nonrefundable fee of \$100
INSURANCE & LIABILITY
20. General liability insurance policy attached? ☑ Yes ☐ No
21. Carrier: Assured Partners of Missouri, LLC Policy #: CPA 3306088-20
22. Coverage Amount: \$ 1,000,000/2,000,000
23. Does Applicant agree to indemnify County against any injury or loss that occurs? ☑ Yes ☐ No
Indemnification Agreement
As a condition of approval for the issuance of a festival license, the undersigned Applicant hereby agrees to indemnify, defend, and hold harmless Jackson County, its elected officials, officers, amployees, agents, and representatives from and against any and all claims, demands, actions, damages, losses, liabilities, costs, or expenses (including reasonable attorney's fees and court costs) arising out of or resulting from:
 the planning, preparation, promotion, operation, maintenance, or conduct of the festival described in this application. any acts or omissions of the Applicant or its officers, employees, agents, contractors, vendors, invitees, or participants; and any injury to persons (including death) or damage to property occurring in connection with or during the festival, regardless of whether such injury or damage is caused in part by the County or its agents, unless caused solely by the gross negligence
This indemnification shall survive the expiration or revocation of the license and shall be binding upon the Applicant, its successors, and assigns. Signature of Applicant: Date: 8/6/2025 Printed Name: Catherine A Holle

CERTIFICATION & SIGNATURE

I, the undersigned, affirm that the information provided above is accurate to the
best of my knowledge. I understand that failure to comply with Missouri statutes
and county ordinances may result in revocation of this license and/or penalties. I
agree to abide by all public safety, health, and zoning regulations.
Signature:
Printed Name:Catherine A Holle

Title (if applicable): Oktoberfest Event Manager

Date: ___8/6/2025

Attachments	Re	quire	ed (che	cklist)):
-------------	----	-------	------	-----	---------	----

- ☐ Articles of Incorporation (Corporations only)
- ĭ Site Plan
- ▼ Property Owner Consent (if applicable)
- ☑ Insurance Certificate
- ☐ Alcohol Permits (if applicable) This is why I am applying
- ☑ Security/Traffic Plan
- Restroom and Trash Plan Toilets are outlined on the site map
- X I have also included our 2024 Property Tax reciept

Submit application and fee to:
Jackson County Clerk's Office (Inside Courthouse)
415 E 12th Street
2nd Floor
Kansas City, Missouri, 64106

June 5, 2025

Stephen R. Holle KCBC Oktoberfest, LLC 310 West 79th Street Kansas City, MO 64114

RE: LIQUOR POLICY FOR THE KC OKTOBERFEST BEING HELD OCTOBER 3 – OCTOBER 4, 2025 ON CROWN CENTER SQUARE

Dear Stephen:

This letter confirms the Agreement between Crown Center Redevelopment Corporation and Stephen R. Holle permitting the KC Oktoberfest to serve alcohol by the drink on the premises of Crown Center Square, during the hours of the Festival:

Friday, October 3, from 5:00 p.m. to 11:00 p.m. Saturday, October 4, from 11:00 a.m. to 11:00 p.m.

Set up for this event may begin on Tuesday, September 30, 2025. This Agreement is precluded on satisfactory and complete compliance by Stephen R. Holle, Operating Manager of KCBC Oktoberfest LLC, a wholly owned subsidiary of Kansas City Bier Co. LLC, to all legal requirements of the City of Kansas City, Missouri.

Faithfully submitted,

Tina Luckett

Tina Luckett

Entertainment Marketing Manager

Stephen R. Holle

Operating Manager - KCBC Oktoberfest LLC

2405 Grand Boulevard, Suite 200 - Kansas City, Missouri 64108-2544 816-274-4070 - Fax 816-274-4567 www.cowacenter.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights t							require air endorsement.	A Sta	tement on
PRODUCER		CONTACT NAME: Jennifer Rader							
AssuredPartners of Missouri, LLC					NAME: 06/11/16/17/16/17/16/17/17/17/17/17/17/17/17/17/17/17/17/17/				V
Sedalia MO 65301	404 W Broadway Blvd								
Gedana Wio 66661					ADDRESS: jennifer.rader@assuredpartners.com INSURER(S) AFFORDING COVERAGE NAI				NAIC#
					INSURER A · Unio				25844
INSURED				KANSCIT-78	INSURER A: Union Insurance Company INSURER B: Technology Insurance Co.				42376
Kansas City Bier Company LLC						nology modranc	e 00.		42370
310 W 79th St					INSURER C :				
Kansas City MO 64114					INSURER D :				5
					INSURER E :			-	POLICE 3
COVERAGES CER	TIEL	ATE	- NII	JMBER: 1542040579	INSURER F :		DEVICION NUMBER.	7	CHORIZE
THIS IS TO CERTIFY THAT THE POLICIES					/E REEN ISSUED	TO THE INCLID	REVISION NUMBER:	IE DOLT	OV DEDIOD
INDICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT,	TERM OR CONDITION	OF ANY CONTRA	ACT OR OTHER	DOCUMENT WITH RESPEC	T TO W	HICH THIS
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE	INSURANCE AFFORD	ED BY THE POLI	CIES DESCRIBE	D HEREIN IS SUBJECT TO	ALL T	HE TERMS;
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	Г		POLICY E (MM/DD/YY			_	March Commission of the Commis
A X COMMERCIAL GENERAL LIABILITY	INSD	WVD		POLICY NUMBER A 3306088 - 20	(MM/DD/YY 1/31/202				
	'	'	Cr	A 3300066 - 20	1/31/202	5 1/31/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,	
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300,00	1/2.4/
							MED EXP (Any one person)	\$ 10,000	1
INC							PERSONAL & ADV INJURY	\$ 1,000,	000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,	000
X POLICY PRO- JECT LOC					< =		PRODUCTS - COMP/OP AGG	\$ 2,000,	000
OTHER:								\$	70
A AUTOMOBILE LIABILITY	Y	Y	CF	A 3306088 - 20	1/31/202	1/31/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000
X ANY AUTO							BODILY INJURY (Per person)	\$	THORIZE
OWNED AUTOS ONLY AUTOS					,		BODILY INJURY (Per accident)	\$	
X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	VEHICH THIS
								\$	HE TERMS
A UMBRELLA LIAB X OCCUR	Y	Y	CF	A 3306088 - 20	1/31/202	1/31/2026	EACH OCCURRENCE	\$5,000,	000
X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	-
DED RETENTION\$								\$	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TV	/C4541165	1/31/202	25 1/31/2026	X PER OTH-		
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ 1,000,	000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					-	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,	000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,	000
A Liquor Liability			CF	A 3306088 - 20	1/31/202	25 1/31/2026	Per Occurrence	1,000,	000
<u> </u>							Per Aggregate	2,000,	000
^								d	UNGLICH S
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORE	101	, Additional Remarks Schedu	le, may be attached if	more space is requi	red)		140400
Business Personal Property \$5,523,100 Crown Center Redevelopment Corporation is included as an additional insured on the general liability policy as required by written contract. Hallmark Cards, Inc.; H.A., LLC.; HC Crown, LLC; HMK Holdings, Inc. and Crown Center Redevelopment Corporation and their directors and employees shall be included as additional insured parties for claims arising from the Event and related activities.									
CERTIFICATE HOLDER CANCELLATION									
Crown Center Redevelopr	nent	Corp	oora	ition	SHOULD ANY THE EXPIRA	OF THE ABOVE I	DESCRIBED POLICIES BE CA TEREOF, NOTICE WILL E CY PROVISIONS.		
2405 Grand Blvd Suite #200 Kansas City MO 64108					AUTHORIZED REPR	RESENTATIVE			.0 ₁₀ ,1 ₁₀ ,1 ₁

© 1988-2015 ACORD CORPORATION. All rights reserved.



"PROVIDING PROFESSIONAL SERVICES FOR FIRST CLASS CLIENTS"

May 28, 2025

KC Bier Company 310 West 79th Street Kansas City, MO. 64114

LETTER OF AGREEMENT

NPB Companies, Inc. agree to provide staffing for the 2025 KANSAS CITY OKTOBERFEST to be held October 2 - 4, 2025 on the Crown Center Square.

Staff Requested:

	Thursday, October 2	2 Security Officer	10:00p.m12:00a.m.	(Event Grounds)		
Friday, October 3		2 Security Officer	12:00a.m8:00a.m.	(Event Grounds)		
		1 Staff 3 Staff 2 Staff 2 Staff 1 Staff 2 Staff 2 Staff	4:00p.m11:30p.m. 4:00p.m11:30p.m. 4:00p.m11:30p.m. 4:00p.m11:30p.m. 4:00p.m11:30p.m. 4:00p.m11:30p.m. 4:00p.m11:30p.m.	(Green Level Garage VIP) (Main Gate/Music Tent) (Garage Gate/Stair Exit) (Pro Shop/RR) (Main Stage/Reserved Tables) (Staff Entrance/Exit Only) (TS / Relief)		
		2 Managers	3:00p.m11:30p.m.	(Qlty. Control)		
		2 Security Officers	11:00p.m12:00a.m.	(Event Grounds)		
	Saturday, October 4	2 Security Officers	12:00a.m8:00a.m.	(Event Grounds)		
		1 Staff 3 Staff 3 Staff 2 Staff 2 Staff 1 Staff 2 Staff	10:30a.m11:30p.m. 10:30a.m11:30p.m. 10:30a.m11:30p.m. 10:30a.m11:30p.m. 10:30a.m11:30p.m. 10:30a.m11:30p.m.	(Green Level Garage VIP) (Main Gate/Music Tent) (Garage Gate/Stair Exit) (Pro Shop/RR) (Main Stage/Reserved Tables) (Staff Entrance/Exit Only) (TS / Relief)		
		2 Managers	9:30a.m11:30p.m.	(Qlty. Control)		

77 SOUTH 7TH STREET · KANSAS CITY, KS 66101
P. O. Box 171425 · KANSAS CITY, KS 66117-0425
PHONE: (913) 281-2887 · FAX (913) 281-0190 · WWW.NPBCOMPANIES.COM

Staffing Charges:

Staff

\$25.00 per hour \$27.50 per hour \$29.00 per hour

Managers

Security Officer

All staff will have a four (4) hour minimum per person, per day.

These rates contain no hidden costs or charges. We do ask, however, that they remain strictly confidential.

The total estimated cost for this event is \$9,514.50.

Payment is due net 10 days

ACCEPTED AND AGREED

KC Bier Company

Norman E. Smith

Norman E. Smith NPB Companies, Inc.

	A		E CONSTRUCTION OF CONSTRUCTION	
	Comments: Drawing not to scale. Traffic control plan must be approved by an engineer. This is a suggestion only. Road Runners Safety Services, Inc. has no liability for this suggested traffic control plan. Actual placement and spacing of all traffic control devices will depend on field conditions and must conform to MUTCD standards.	Manifest	P E	Google East
: :	approved by an engin liability for this sugges I devices will depend o	Legend	O Sign O	
PERSHING AND GRASTION For: KC BIER (Services, Inc. : Natha	c control plan must be Services, Inc. has no zing of all traffic contro tandards.		ROAD CLOSED	IS UIS
Date: 10/3/2024 Project: PERSHING AND GRAND : Traffic Control Suggestion For: KC BIER CO : By: Road Runner Safety Services, Inc. : Nathan	Comments: Drawing not to scale. Traffic control only. Road Runners Safety Services Actual placement and spacing of all must conform to MUTCD standards.		SO DE COUR	ChartyState
	series Company	/	SSUIJOZE I	13 U 19
ED BY: CONTRACTOR roceed.			ROAD CLOSED TO THRU TRAFFIC	
APPROVED/ACCEPTED BY: ENGINEER, OWNIER, or PRIME CONTRACTOR Check for Notice to Proceed.				an lets
		Company:	Walnus III	is unst
d by an En CH/ SF Through	(12.1 woten) Taper Buffer/Work Area 245 35 50 540 40 80 660 50 100 840 60 120			
1 x L	250 70 360 150 495 185 730 235		SUIGE 3	Cherry St.
Spacing Charts Based on MUTCD SIGN SPACING, FT. SPACE, Non-Divided Divided Locate	1 2	orbail Low Speed - 100 F1		
Speed (MPH)			DELONE STRING STRINGS	



Official Receipt

Jackson County, MO 2024 Property Tax

Receipt Details

Receipt Number 14490575

Payer Name KANSAS CITY BIER COMPANY LLC

Payer Address 301 W 79TH ST KANSAS CITY, MO 64114

Personal Property
Property Account Number 201403008

Name KANSAS CITY BIER COMPANY LLC

Address 301 W 79TH ST KANSAS CITY, MO 64114

Since 2014-01-01

Tax Year 2024

Receipt Details

Type TRUCK

Series UNSPECIFIED

Item ID 3C6TRVAG5KE516870

Name on Title 1 KANSAS CITY BIER COMPANY LLC

Amount Applied \$15,212.05

Amount Applied \$25.00

23.00
Distribution of Districts
STATE BLIND PENSION
557.82
BOARD OF DISABLED SERVICES
\$141.09
BOARD OF DISABLED SERVICES
\$141.09
MENTAL HEALTH
\$187.73
METRO JUNIOR COLLEGE
\$348.09
JACKSON COUNTY
\$974.51
ANNASA CITY LIBRARY
\$995.71
CITY- KANSAS CITY
\$12.947.23
KANSAS CITY SCHOOL #33
\$9,559.86

Any unpaid balance will continue to accumulate interest, penalties, and fees.

This receipt reflects the amount of any current unpaid balance at the time this receipt is generated. It does not include any such interest, penalties and fees that are later accrued. Changes to the account may change the unpaid balance amount.

If this payment does not clear your financial institution, this receipt is void and you may receive a returned item fee and late penalty. Please verify with your financial institution that this payment has cleared.

Amount Applied \$15,237.05

Tender Type PERSONAL CHECK

Unpaid Balance \$0.00

Unpaid Balance \$0.00

Model PROMASTER

Plate Number

Description A/V Principal-Regular

Description Merchants/Manufacturers Licens

CROWN CENTER

June 5, 2025

Stephen R. Holle KCBC Oktoberfest LLC 310 West 79th Street Kansas City, MO 64114

RE.

STREET CLOSURE FOR THE KC OKTOBERFEST BEING HELD OCTOBER 3 – OCTOBER 4, 2025 ON CROWN CENTER SQUARE

FESTIVAL HOURS:

Friday, October 3, from 5:00 p.m. to 11:00 p.m. Saturday, October 4, from 11:00 a.m. to 11:00 p.m.

Dear Stephen:

This letter confirms the Agreement between Crown Center Redevelopment Corporation and Stephen R. Holle permitting the KC Oktoberfest to close the street to vehicular traffic from 6:00 a.m. on Friday, October 3, 2025, to 10:00 a.m. on Sunday, October 5, 2025, for the KC Oktoberfest on Crown Center Square. This Agreement is precluded on satisfactory and complete compliance by Stephen R. Holle, Operating Manager of KCBC Oktoberfest LLC, to all legal requirements of the City of Kansas City, Missouri.

Faithfully submitted,

Tina Luckett

Tina Luckett

Entertainment Marketing Manager

Stephen R. Holle

Operating Manager - KCBC Oktoberfest LLC

2405 Grand Boolevard, Suite 700 - Kansas City, Missouri 64108-2544 816-274-4020 - Fax 816-274-4567



TYPE OR USE ONLY BI UF OR BI ACK INK TO COMPLETE THIS APPLICATION

TIPE OR USE ONLY BLUE OR BLACK INK T	O COMPLETE THIS APPL	ICATION				
LICENSEE NAME Legal Entity and DBA		MISSOURI L	IQUOR LICEN	ISE#		
Kansas City Bier Company, LLC DBA KCBC Oktobe	erfest, LLC	20	95999			
KCBC Oktoberfest, LLC is a wholly owned subsidiary of Kansas	S City Bier Company, LLC					
EVENT LOCATION Include business name and street address	including the city.	1				
Crown Center Redevelopment C	Corporation, LLC					
•	,					
Location of event:						
Crown Center Square						
2425 Grand Blvd, KC MO 64108	3					
, , , , , , , , , , , , , , , , , , , ,						
LEGAL DESCRIPTION Describe the particular area where the	event will occur. For example - NW	corner of the	lude en 🗆	0		
parking lot, 3rd floor ballroom, etc.			Indoor	Outdoor X		
Crown Center Square:						
The outdoor area across(east) of th	-					
office buildings. We will utilize all 4 l			Grand B	lvd		
between 26th St and Pershing. Peri	nission letter attached	d.				
DATE(S) AND TIMES OF THE EVENT Set Up will	begin on 10/2/25 at 9	9:00 am				
·	10/3/2025			∇ 1		
BEGINNING	10/3/2023	5:00	A.M.	XP.M.		
	(month, day, year)	(time)				
ENDING	10/4/2025	11:00	A.M.	P.M.		
	(month, day, year)	(time)				
NUMBER OF BARS (IF MORE THAN ONE, DESCRIBE ABOVE IN THE LEGAL DESCRIPTION BOX AND/OR PROVIDE A MAP) There will be 6 serving stations (4 pouring & 2 cans) Each are marked on the attached map.						
PROPERTY OWNER'S NAME AND SIGNATURE		THOU OIL II	DATE	Ja map.		
Tina Luckett Tina Luckett, Crown Center	Marketing Manager - Ente	rtainment	08/06/25			
If the event is held on city property and requires a street closure or event permit, the licensee must include						
	form and their application.		ioon oce iiit	act moluue		
• •	eated: 9/1/2022	Page 1	of 1			