



SPECIAL MEETING OF THE CITY COUNCIL  
CITY OF UNIVERSITY CITY  
**VIA VIDEOCONFERENCE**  
**Wednesday, February 7, 2024**  
**5:00 p.m.**

**IMPORTANT NOTICE REGARDING**  
**PUBLIC ACCESS TO THE CITY COUNCIL MEETING & PARTICIPATION**

**City Council will Meet Electronically on February 7, 2024**

**Observe and/or Listen to the Meeting** (your options to join the meeting are below):

**Webinar** via the link below:

<https://us02web.zoom.us/j/87320970758?pwd=alg2Q3haN2FUQVpTOTIKUG9wK0JuQT09>  
Passcode: 761490

**Live Stream via YouTube:**

[https://www.youtube.com/channel/UCyN1EJ\\_-Q22918E9EZimWoQ](https://www.youtube.com/channel/UCyN1EJ_-Q22918E9EZimWoQ)

**Audio Only Call**

Or One tap mobile :

+16469313860,,87320970758# US

+19292056099,,87320970758# US (New York)

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 346 248 7799 US (Houston)

Webinar ID: 873 2097 0758

International numbers available: <https://us02web.zoom.us/j/87320970758>

**Citizen Participation and/or Public Hearing Comments:**

Those who wish to provide a comment during the "Citizen Participation" portion as indicated on the City Council agenda; may provide written comments to the City Clerk ahead of the meeting.

ALL written comments must be received **no later than 12:00 p.m. the day of the meeting.**

Comments may be sent via email to: [councilcomments@ucitymo.org](mailto:councilcomments@ucitymo.org), or mailed to the City Hall – 6801 Delmar Blvd. – Attention City Clerk. Such comments will be provided to City Council prior to the meeting. Comments will be made a part of the official record and made accessible to the public online following the meeting.

Please note, when submitting your comments, a **name and address must be provided.** Please also note if your comment is on an agenda or non-agenda item. If a name and address are not provided, the provided comment will not be recorded in the official record.



SPECIAL MEETING OF THE CITY COUNCIL  
CITY OF UNIVERSITY CITY  
**VIA VIDEOCONFERENCE**  
**Wednesday, February 7, 2024**  
**5:00 p.m.**

**AGENDA**

- A. MEETING CALLED TO ORDER**
- B. ROLL CALL**
- C. APPROVAL OF AGENDA**
- D. PROCLAMATIONS (Acknowledgement)**
- E. APPROVAL OF MINUTES**
- F. APPOINTMENTS to BOARDS AND COMMISSIONS**
- G. SWEARING IN TO BOARDS AND COMMISSIONS**
- H. CITIZEN PARTICIPATION (Total of 15 minutes allowed)**

The public may also submit written comments must be received **no later than 12:00 p.m. the day of the meeting**. Comments may be sent via email to: [councilcomments@ucitymo.org](mailto:councilcomments@ucitymo.org), or mailed to the City Hall – 6801 Delmar Blvd. – Attention City Clerk. Such comments will be provided to City Council prior to the meeting. Comments will be made a part of the official record and made accessible to the public online following the meeting. Please note, when submitting your comments, a **name and address must be provided**. Please also not if your comment is on an agenda or non-agenda item. If a name and address are not provided, the provided comment will not be recorded in the official record.

- I. COUNCIL COMMENTS**
- J. PUBLIC HEARINGS**
- K. CONSENT AGENDA (1 voice vote required)**
  - 1. Liquor License – Twisted Cafe – 8109 Olive Blvd.
- L. CITY MANAGER’S REPORT – (voice vote on each item as needed)**
- M. UNFINISHED BUSINESS (2<sup>nd</sup> and 3<sup>rd</sup> readings – roll call vote required)**
- N. NEW BUSINESS**
  - Resolutions (voice vote required)*
  - Bills (Introduction and 1<sup>st</sup> reading - no vote required)*
- O. COUNCIL REPORTS/BUSINESS**
  - 1. Boards and Commission appointments needed
  - 2. Council liaison reports on Boards and Commissions
  - 3. Boards, Commissions and Task Force minutes
  - 4. Other Discussions/Business
- P. CITIZEN PARTICIPATION (continued if needed)**
- Q. COUNCIL COMMENTS**
- R. EXECUTIVE SESSION (roll call vote required)**
- S. ADJOURNMENT**

Posted February 6, 2024

**CITY OF UNIVERSITY CITY COUNCIL MEETING  
AGENDA ITEM**



<b>NUMBER:</b> <i>For City Clerk Use</i>	<b>CA20240207-01</b>
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<b>SUBJECT/TITLE:</b> Liquor License - Twisted Cafe - 8109A Olive Blvd. 63130			
<b>PREPARED BY:</b> Keith Cole - Director of Finance		<b>DEPARTMENT / WARD</b> Finance / All	
<b>AGENDA SECTION:</b>	Conent Agenda	<b>CAN ITEM BE RESCHEDULED?</b>	Yes
<b>CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION:</b> City Manager recommends the approval of the Liquor License			
<b>FISCAL IMPACT:</b> Liquor License Fee - \$750			
<b>AMOUNT:</b>	N/A	<b>ACCOUNT No.:</b>	N/A
<b>FROM FUND:</b>	N/A	<b>TO FUND:</b>	N/A
<b>EXPLANATION:</b> Twisted Cafe has applied for All Kinds of Intoxicating Liquor, By the Drink, Retail liquor license, including Sunday Liquor License.			

<b>STAFF COMMENTS AND BACKGROUND INFORMATION:</b> The Applicant / Managing Officer is Lucille Wilkes. A background check / investigation by the Police Department revealed no disqualifying information. Department Approval has been granted from all necessary departments. Recommendations from University City citizens were obtained. Petition from business owners within a radius of 200 feet is included. A current Certificate of No Sales Tax Due issued by the Missouri Department of Revenue was received relative to the business. 2023 personal property tax record for the applicant indicates payment of taxes. Current voter registration documentation for the applicant was provided.
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<b>CIP No.</b>	
<b>RELATED ITEMS / ATTACHMENTS:</b> 1. Application for Liquor License 2. Inter-Office Memorandum Report from the Police Department	

<b>LIST CITY COUNCIL GOALS (S):</b> Prudent Fiscal Management	
<b>RESPECTFULLY SUBMITTED:</b>	City Manager, Gregory Rose
<b>MEETING DATE:</b>	February 7, 2024



**CITY OF UNIVERSITY CITY  
APPLICATION FOR LIQUOR LICENSE**  
University City Municipal Code, Chapter 600 Section 600.060

**INSTRUCTIONS:** Read each question carefully. Make certain that each question is answered completely and correctly before you submit this application. If you need additional space, use the additional sheet provided at the end of this application. If a question does not apply to you, write N/A in the space, **do not leave any blank fields.** Submit all documents as requested. **PLEASE PRINT CLEARLY.**

**Please note that this application may only be completed and filed by a sole proprietor, corporate officer, managing partner, or managing officer of the business applying for this license.**

◊ AN APPLICANT IS NOT PERMITTED TO OPERATE UNTIL LICENSE IS ISSUED ◊

Applications must be accompanied by a non-refundable application filing fee of \$25.00

Type of license requested- separate license shall be obtained for each of the following classes of sales:  
(Please check each classification that applies)

- |                                     |     |   |          |
|-------------------------------------|-----|---|----------|
| <input checked="" type="checkbox"/> | 2-  | All kinds of intoxicating liquor, by the drink, retail . . . . .                                | \$450.00 |
| <input type="checkbox"/>            | 4-  | CLUB: All kinds of intoxicating liquor, by the drink, retail . . . . .                          | 200.00   |
| <input type="checkbox"/>            | 5-  | Malt liquor not in excess of 5% alcohol wholesaler to wholesaler . . . . .                      | 75.00    |
| <input type="checkbox"/>            | 6-  | Intoxicating liquor not in excess of 22% alcohol wholesaler to wholesaler . . . . .             | 150.00   |
| <input type="checkbox"/>            | 7-  | Malt liquor not in excess of 5% alcohol wholesaler to retailer . . . . .                        | 150.00   |
| <input type="checkbox"/>            | 8-  | Intoxicating liquor not in excess of 22% alcohol wholesaler to retailer . . . . .               | 300.00   |
| <input type="checkbox"/>            | 9-  | Malt liquor in excess of 3.2% and not in excess of 5% alcohol, by the package, retail . . . . . | 75.00    |
| <input type="checkbox"/>            | 10- | Malt liquor in excess of 3.2% and not in excess of 5% alcohol, by the drink, retail . . . . .   | 75.00    |
| <input type="checkbox"/>            | 11- | Malt liquor not in excess of 5% beer and 14% wine, by the drink, retail . . . . .               | 75.00    |
| <input type="checkbox"/>            | 12- | Intoxicating liquor not more than 22%, by the package, retail . . . . .                         | 75.00    |
| <input type="checkbox"/>            | 13- | Intoxicating liquor of all kinds, wholesaler to wholesaler . . . . .                            | 375.00   |
| <input type="checkbox"/>            | 14- | Intoxicating liquor of all kinds, wholesaler to retailer . . . . .                              | 750.00   |
| <input type="checkbox"/>            | 15- | Intoxicating liquor of all kinds, by the package, retail . . . . .                              | 150.00   |
| <input checked="" type="checkbox"/> |     | Sunday Liquor License . . . . .   | 300.00   |

**I. BUSINESS APPLYING FOR LICENSE:**

<b>A. BUSINESS NAME AND TYPE</b> <u>Twisted Cafe</u>	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company
<b>B. DESCRIPTION OF PREMISES AND ADDRESS:</b> DESCRIPTION: <u>Full Service Bar &amp; Cafe</u> ADDRESS: <u>8109 Olive Blvd. University City, MO 63130</u> HOURS OF OPERATION: <u>11:00 AM - 12:00 AM</u>	<b>C. PHONE:</b>

**II. MANAGING OFFICER:**

<b>A. NAME: (LAST)</b> <u>WILKES, Lucille</u>	<b>(FIRST)</b>	<b>(MIDDLE INITIAL)</b> <u>B</u>
<b>B. ADDRESS, CITY &amp; ZIP CODE:</b> <u>2085 Coleridge Dr. St. Louis, MO. 63136</u>	<b>C. PHONE:</b> <u>314) 484-0466</u>	
<b>D. DATE OF BIRTH:</b>	<b>F. BUSINESS PHONE: (IF DIFFERENT FROM ABOVE)</b> <u>314) 801-8011</u>	
<b>G. PREVIOUS ADDRESS: (IF NOT AT PRESENT ADDRESS FOR 5 YEARS OR MORE)</b>		
<b>H. IF FOREIGN BORN, PLEASE STATE COUNTRY, PLACE AND STATE OF NATURALIZATION:</b>		
<b>I. MISSOURI RESIDENT SINCE: (MONTH &amp; YR)</b> <u>MAY 1953</u>	<b>K. TOWNSHIP:</b> <u>7</u>	<b>L. COUNTY:</b> <u>ST. Louis</u>
<b>M. CURRENT BUSINESS OR OCCUPATION OF APPLICANT:</b> <u>RETIRED</u>		
<b>N. NAME OF CORPORATION, PARTNERSHIP OR CLUB: (IF APPLICABLE)</b>		

**FOR PARTNERSHIP OR LIMITED PARTNERSHIP** **NUMBER OF MEMBERS:**

**A2. STATE NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH OF ALL PARTNERS: (USE PAGE 7 IF NECESSARY)**

**FOR CORPORATION OR LIMITED LIABILITY COMPANY** **NUMBER OF MEMBERS:** 1

**A3. STATE NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH OF ALL OFFICERS, DIRECTORS AND STOCKHOLDERS OWNING 1% OR MORE INTEREST IN THE CORPORATION OR MEMBERS OF A LIMITED LIABILITY COMPANY. (USE PAGE 7 IF NECESSARY)**

Lucille B. Wilkes 2085 Coleridge Dr. St. Louis, MO. 63136

**OTHER PERSONS** **NUMBER OF MEMBERS:**

**A4. LIST NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH FOR ALL OTHER PERSONS WHO HAVE AN INTEREST IN THE BUSINESS FOR WHICH LICENSE IS REQUESTED. (USE PAGE 7 IF NECESSARY)**

**B4. IN WHAT TYPE OF BUSINESS IS EACH OF THE ABOVE PERSONS ENGAGED: (USE PAGE 7 IF NECESSARY)**

**III. OTHER INFORMATION**

<p>A. IS APPLICANT A QUALIFIED VOTER IN THE STATE OF MISSOURI?  <input checked="" type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p>B. IS APPLICANT AN ASSESSED, TAX PAYING CITIZEN IN THE STATE OF MISSOURI?  <input checked="" type="checkbox"/> YES   <input type="checkbox"/> NO</p>								
<p>C. HAS APPLICANT PREVIOUSLY HELD A LIQUOR LICENSE OF ANY TYPE?   <input type="checkbox"/> YES   <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN, SEE ITEM D)</p>	<p>D. EXPLAIN (WHEN, WHERE?)</p>								
<p>E. HAS APPLICANT, OR ANY EMPLOYEE, OR PROPOSED EMPLOYEES, EVER BEEN DENIED A LIQUOR LICENSE, OR HAD A LICENSE TO SELL LIQUOR REVOKED?   <input type="checkbox"/> YES   <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN, SEE ITEM F)</p>	<p>F. EXPLAIN (WHEN, WHERE?)</p>								
<p>G. HAS APPLICANT EVER BEEN EMPLOYED IN ANY CAPACITY BY A BUSINESS WITH A BEER, WINE OR LIQUOR LICENSE?   <input type="checkbox"/> YES   <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN, SEE ITEM H)</p>	<p>H. EXPLAIN (WHEN, WHERE?)</p>								
<p>I. HAS THE APPLICANT, EMPLOYEE, OR PROPOSED EMPLOYEE EVER BEEN CONVICTED OF A VIOLATION OF ANY LAW REGULATING, CONTROLLING, OR PROHIBITING THE SALES OR MANUFACTURING OF INTOXICATING LIQUOR?  <input type="checkbox"/> YES   <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN. USE PAGE 7 IF NECESSARY)</p>									
<p>J. HAS ANY DISTILLER, WHOLESALER, WINE MAKER, BREWER OR ANY EMPLOYEE, OR AGENT THEREOF, HAVE OR PROPOSE TO HAVE, ANY FINANCIAL INTEREST IN THE BUSINESS TO WHICH THIS APPLICATION APPLIES?  <input type="checkbox"/> YES   <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN. USE PAGE 7 IF NECESSARY)</p>									
<p>K. INDICATE THE TYPE OF BUSINESS, IF ANY, APPLICANT PROPOSES TO CONDUCT ON PREMISES IN ADDITION TO SALE OF INTOXICATING LIQUOR:</p> <p><input checked="" type="checkbox"/> RESTAURANT   _____</p> <p><input type="checkbox"/> HOTEL DINING ROOM   _____</p> <p><input checked="" type="checkbox"/> OTHER (PLEASE EXPLAIN)   <u>BAR &amp; CAFE</u></p>									
<p>L. STATE ESTIMATE OF ANNUAL SALES VALUE:    FOOD \$ <u>120,000.00</u>    OTHER (INCLUDING LIQUOR) \$ <u>60,000.00</u></p>									
<p>M. IS THERE A SCHOOL, CHURCH, SYNAGOGUE, PUBLIC PARK OR PLAYGROUND WITHIN ONE HUNDRED FIFTY (150) FEET OF THE PROPOSED BUSINESS?   <input type="checkbox"/> YES   <input checked="" type="checkbox"/> NO (IF YES, STATE THE NAME AND APPROXIMATE DISTANCES):</p>									
<p>N. IS THE APPLICANT INDEBTED TO ANY PERSON FOR MONEY OR PROPERTY, TO BE USED IN THE LICENSED BUSINESS? (IF YES, STATE AMOUNT OF INDEBTEDNESS AND TO WHOM IT IS OWED.)</p> <p><input type="checkbox"/> YES   <input checked="" type="checkbox"/> NO</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">AMOUNT OWED:</td> <td style="width:30%;">NAME:</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td colspan="2">ADDRESS, CITY, STATE, &amp; ZIP:</td> </tr> <tr> <td>PHONE:</td> <td>OCCUPATION:</td> </tr> </table>	AMOUNT OWED:	NAME:	\$		ADDRESS, CITY, STATE, & ZIP:		PHONE:	OCCUPATION:
AMOUNT OWED:	NAME:								
\$									
ADDRESS, CITY, STATE, & ZIP:									
PHONE:	OCCUPATION:								

STATE OF MISSOURI )  
 ) SS.  
COUNTY OF ST. LOUIS )

Comes now Lucille B. Wilkes of lawful age, being first duly sworn upon oath, deposes and says that he or she: (1) is the sole proprietor, corporate officer, managing partner, or managing officer of the business applying for this license, (2) is authorized to make this application, (3) has read this application and understands same, (4) knows the contents of this application, (5) swears that the answers and statements contained in this application are true and correct, and (6) on behalf of the applicant, agrees to comply with all laws of the City of University City and the State of Missouri relevant to the applicant's business.

Lucille B. Wilkes  
SIGNATURE OF APPLICANT/MANAGING OFFICER

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DAY 27<sup>th</sup> OF November 2023.

Larette Reese  
NOTARY PUBLIC

MY COMMISSION EXPIRES: 4/19/2027

LARETTE REESE  
NOTARY PUBLIC - NOTARY SEAL  
STATE OF MISSOURI  
MY COMMISSION EXPIRES APRIL 19, 2027  
ST. LOUIS COUNTY  
COMMISSION #15634888

THIS SECTION FOR CITY USE ONLY

APPROVALS:

<b>Police Chief</b> _____	<b>Date:</b> _____
<b>Comments:</b>	
<b>Community Development</b> _____	<b>Date:</b> _____
<b>Comments:</b>	
<b>City Manager</b> _____	<b>Date:</b> _____
<b>Comments:</b>	

**IV. SUNDAY LIQUOR LICENSE**

If application is for Sunday liquor license, complete the following section:

Under the provisions of Chapter 600, Section 600.260 of the Municipal code of the City of University City, application is hereby made for a license to sell intoxicating liquor between the hours of 9:00 A.M. and midnight on Sundays.

A. APPLICANT NAME: (LAST) WILKES, (FIRST) Lucille (MIDDLE INITIAL) B.

B. BUSINESS NAME: Twisted Cafe, LLC, PHONE NUMBER: 314) 801-8011

Type of Liquor License held or applied for:

- 1-2 All kinds of intoxicating liquor, by the drink, retail
- 9 Malt liquor in excess of 3.2% not in excess 5% alcohol, by the package, retail
- 10 Malt liquor in excess of 3.2% not in excess 5% alcohol, by the drink, retail
- 11 Malt liquor not in excess of 5% beer and 14% wine, by the drink, retail
- 12 Intoxicating liquor not more than 22%, by the package, retail
- 15 Intoxicating liquor of all kinds, by the package, retail

For the purpose of obtaining said Sunday Liquor license: applicant states that at least fifty percent (50%) of the gross income of the restaurant bar at the above location is derived from the sale of prepared meals or food consumed on the premises, or which has an annual gross income of at least two hundred seventy-five thousand dollars (\$275,000.00) from the sale of prepared meals or food.

Lucille B. Wilkes  
Signature of Applicant

Title of Applicant owner

Date Oct. 23, 2023



**V. RECOMMENDATIONS- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11**

Five recommendations are required for Applicants petitioning for a license to sell intoxicating liquor by the drink at retail under section 600.060 of University City Municipal Code.

Each of the following recommendations is to be filled in and signed by a credible resident citizen of University City, vouching for the character of the applicant.

OK

1) Date: 11/10/23 Name: Barbara Dickerson  
Location of University City real property taxed in your name: 7078 Camden Ct  
How long have you known applicant? 5 years Are you related? no  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? no  
Do you vouch for applicant's moral character and reputation? yes  
Phone Number: 314-565-7340 Signature: Barbara Dickerson

OK

2) Date: 11/10/23 Name: DERRECK LOUQUETT  
Location of University City real property taxed in your name: 1024 N. McKEWENT  
How long have you known applicant? 20 YEARS Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? yes  
Phone Number: 314-699-6032 Signature: [Signature]

OK

3) Date: 11/10/23 Name: Kellie Novel  
Location of University City real property taxed in your name: 1500 Balsom Ave  
How long have you known applicant? 7 yrs Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? no  
Do you vouch for applicant's moral character and reputation? yes  
Phone Number: 314 276 6447 Signature: [Signature]

4) Date: 11/11/23 Name: Gorey Campbell  
Location of University City real property taxed in your name: 6764 VERNON AVE. 63130  
How long have you known applicant? 10 yrs Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? yes  
Phone Number: 314-625-2315 Signature: [Signature]

5) Date: 11/11/23 Name: Carmen Morris  
Location of University City real property taxed in your name: 7039 DOVER Ct. 63130  
How long have you known applicant? 8 yrs Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? yes  
Phone Number: ~~314-516~~  
314-405-2747 Signature: [Signature]

**V. RECOMMENDATIONS- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11**

Five recommendations are required for Applicants petitioning for a license to sell intoxicating liquor by the drink at retail under section 600.060 of University City Municipal Code.

Each of the following recommendations is to be filled in and signed by a credible resident citizen of University City, vouching for the character of the applicant.

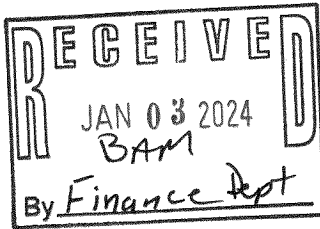
1) Date: 10-23-2023 Name: Larry Wilkins  
Location of University City real property taxed in your name: 7608 Wayne Ave  
How long have you known applicant? 10 yrs Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? Yes  
Phone Number: 314-387-7325 Signature: [Signature]

2) Date: 10-23-2023 Name: KENDRECK ROBINSON  
Location of University City real property taxed in your name: 1023 KGISHER DR.  
How long have you known applicant? 10 YEARS Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? [Signature]  
Phone Number: 314-393-2992 Signature: [Signature]

3) Date: 10-23-2023 Name: Alisha Robinson  
Location of University City real property taxed in your name: 7319 Milan Ave  
How long have you known applicant? 20 years Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? [Signature]  
Do you vouch for applicant's moral character and reputation? [Signature]  
Phone Number: 314-659-7144 Signature: [Signature]

4) Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Location of University City real property taxed in your name: \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_\_\_  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

5) Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Location of University City real property taxed in your name: \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_\_\_  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_



**VI. PETITION- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11**

Under Chapter 600, Section 600.080, a petition must be submitted in favor of the license. **Please Note:** In the absence of valid petitions, the city council must have a five-sevenths vote to approve the license.

The undersigned taxpaying citizens, record owners of property within a radius of 200 feet of the primary public entrance of the premises in which the applicant proposes to sell intoxicating liquor, and owners occupying or conducting a business on the main or surface floor of buildings within such radius, hereby approve the foregoing application, and consent to the issuance to the applicant of a license to sell intoxicating liquor by the drink, to be consumed on the premises where sold:

**NAME**

**ADDRESS**

*Christine Smith*

*1414 Sheridan Drive 63132*

*Note: the above person should have been included on Page 6 as a credible resident citizen of University City. Signed the wrong page in error, by accident.*

(Attach additional sheet if necessary)



6801 Delmar Blvd University City,  
MO 63130 Tel: (314) 505-  
8544  
Fax: (314) 863-0921

**VI. PETITION- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11**

Under Chapter 600, Section 600.080, a petition must be submitted in favor of the license. **Please Note:** In the absence of valid petitions, the city council must have a five-sevenths vote to approve the license.

The undersigned taxpaying citizens, record owners of property within a radius of 200 feet of the primary public entrance of the premises in which the applicant proposes to sell intoxicating liquor, **and** owners occupying or conducting a business on the main or surface floor of buildings within such radius, hereby approve the foregoing application, and consent to the issuance to the applicant of a license to sell intoxicating liquor by the drink, to be consumed on the premises where sold:

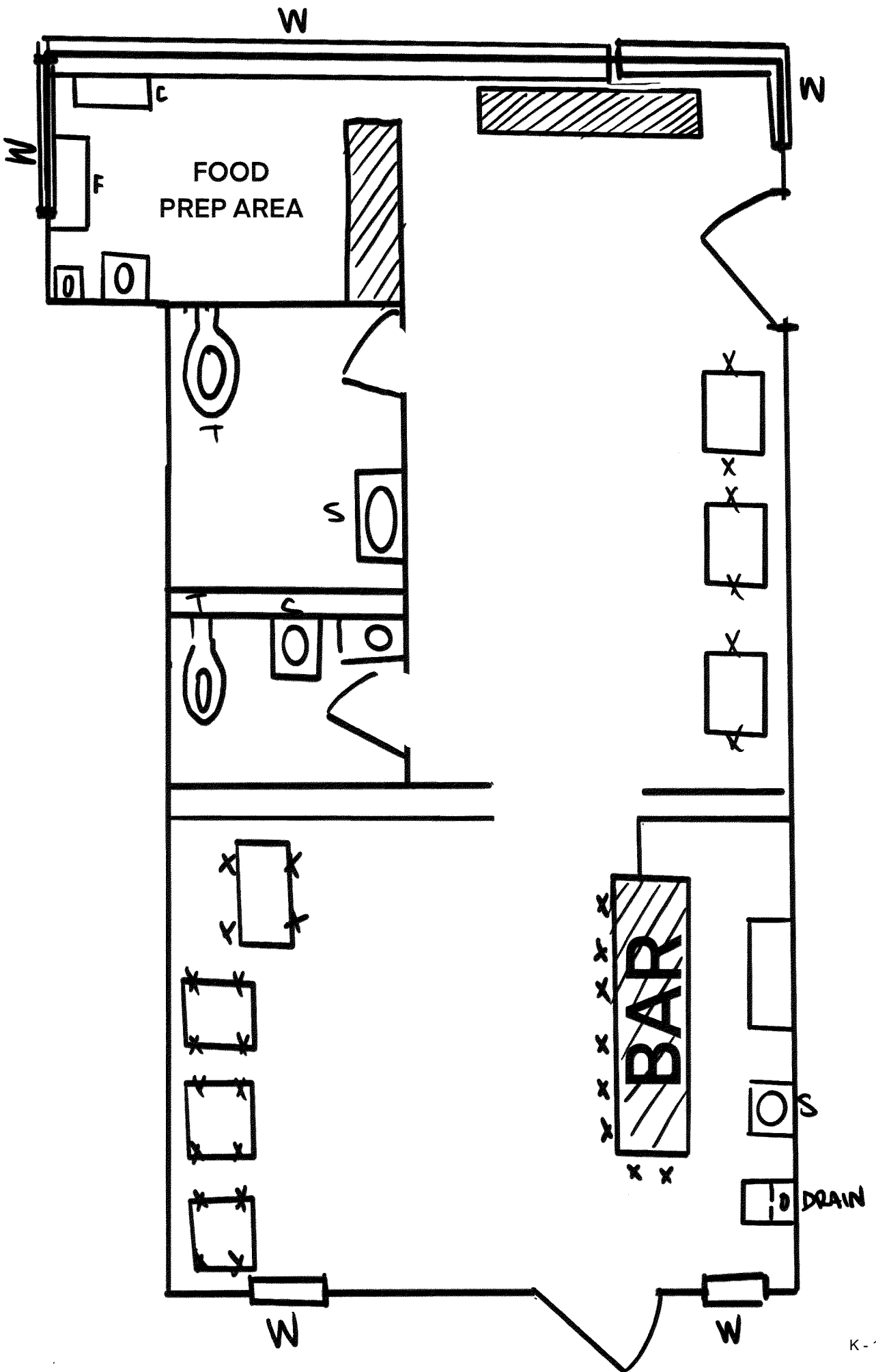
**NAME**

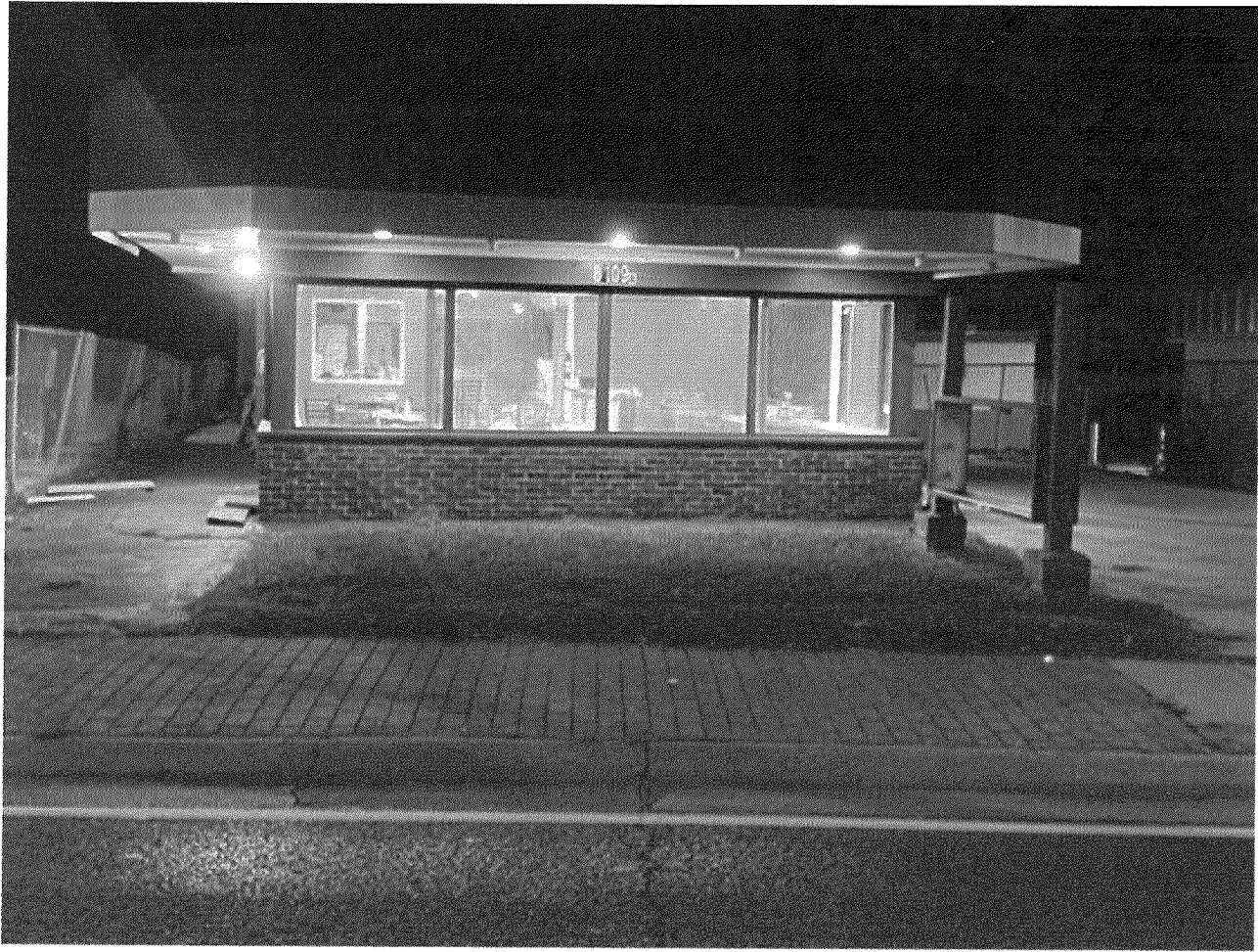
*Joshua Regeshofer*  
*[Signature]*

**ADDRESS**

*8107 Olive Blvd*  
*8111 Olive Blvd*

(Attach additional sheet if necessary)





TAXATION DIVISION  
PO BOX 3300  
JEFFERSON CITY, MO 65105-3300



*Missouri*  
DEPARTMENT OF REVENUE

Telephone: 573-751-5860  
Fax: 573-522-1722  
E-mail: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

TWISTED CAFE2 LLC  
2085 COLERIDGE DR  
JENNINGS, MO 63136-5028

10/18/2023

### CERTIFICATE OF NO TAX DUE

RE: MISSOURI ID 28697626  
Notice Number 2043302050

To Supervisor of Liquor Control: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of 10/18/2023, except for the period(s) that are under bankruptcy proceedings. These records do not include returns that are not required to be filed as of 10/18/2023 for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to SALES TAX due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

This certificate is only for the purpose of obtaining a liquor license and is not pursuant to Section 144.150, RSMo.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION



University City Police Department

**Inter-office Memo**



601 Trinity, University City, Missouri 63130, 314-725-2211

**COLONEL LARRY HAMPTON, JR.**  
Chief of Police

**TO:** Colonel Hampton, Chief of Police  
**FROM:** Sgt. McClain  
**SUBJECT:** 8009 A Olive (Liquor License Application)  
**Cc:** Captain Lemons

**Date:** 01/06/24

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**Business**

Twisted Café  
8009 A Olive  
University City, Missouri 63130

**Applicant**

Lucille Wilkes  
2085 Coleridge Drive  
St. Louis, Missouri 63136

Sir,

I conducted a background investigation concerning the liquor license application submitted by Lucille Wilkes, for Twisted Café located at 8009 A Olive, University City, Missouri 63130. My investigation was thorough and revealed no cause for denial for a City of University City Liquor License as applied for by Lucille Wilkes.

Respectfully Submitted,

*Sgt. J. McClain, 400*

Sgt. McClain, 400

Final Approval:

*Chief L. Hampton*

Col. Larry Hampton, Chief of Police