



Community Development Department
6090 Woodson Street
Mission, KS 66202
Phone: (913) 676-8360
Fax: (913) 722-1415

Permit # ____ - ____

Development Application

Applicant Name:	Jonathan Williamson	Company:	Sandhills Brewing KC, LLC
Address:	13723 W 81st Terrace		
City/State/Zip:	Lenexa KS, 66215		
Telephone:	785-424-4663		
Email:	jonathan@sandhillsbrewing.com		
Property Owner Name:	Betty Benson	Company:	Benson Living Trust
Address:	6511 Dearborn		
City/State/Zip:	Mission, KS, 66202		
Telephone:			
Email:			
Firm Preparing Application:	Company:		
Address:			
City/State/Zip:			
Telephone:			
Email:			
*All correspondence on this application should be sent to (check one) <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Firm			
Application Type			
Rezoning <input type="checkbox"/>	Plat <input type="checkbox"/>	Site Plan <input type="checkbox"/>	SUP <input checked="" type="checkbox"/> Lot Split <input type="checkbox"/> Other (Specify):
Description of Request			
Please provide a brief description of the request:			
Sandhills Brewing is aiming to put in a small nano-brewery and community taproom, focused on locally produced products and a family-friendly environment. A Drinking Establishment license will be required. See full details on attached letter.			

Project Details

General Location or Address of Property: 5612 Johnson Drive, Mission KS, 66202

Present zoning of property: Business-commercial

Present use of property: Vacant; previously retail

Agreement to Pay Expenses

Applicant intends to file an application with the Community Development Department of the City of Mission, Kansas (City). As a result of the filing of said application, City may incur certain expenses, such as but not limited to publication costs, consulting fee, attorney fee, and court reporter fees. Applicant hereby agrees to be responsible for and to reimburse City for all cost incurred by City as a result of said application. Said costs shall be paid within ten (10) days of the receipt of any bill submitted by City to Applicant. It is understood that no requests granted by City or any of its commissions will be effective until all costs have been paid. Costs will be owed whether or not Applicant obtains the relief requested in the application.

Affidavit of Ownership and/or Authorization of Agent

I, Betty L. Benson certify that I am the owner or contract purchaser of the subject property. I give my permission for the undersigned to act as my agent on behalf of the application hereby being submitted.

X Betty L. Benson Date 6-11-18
Signature (Owner)

X [Signature] Date 6-11-18
Signature (Owner's Agent)

*****FOR OFFICE USE ONLY*****

File Fee: \$

Total:

Receipt #

Notes:

Meeting Date

PC CC

Date Notices Sent

Date Published

Decision