



City Hall
117 S. Main Street
Fayette, MO 65248
Ph:(660) 248-5246
Fax:(660) 248-3502

Tentative Agenda September 23, 2025

Regular Meeting of the Board of Alderman of the City of Fayette
Fayette City Hall, 117 South Main, Fayette, MO 65248
Tuesday, September 23, 2025 at 6:00 p.m.

A. CALL TO ORDER

B. PLEDGE OF ALLEGIANCE

C. ROLL CALL

D. ADDITIONS TO AND APPROVAL OF AGENDA

E. APPROVAL OF MINUTES FOR THE REGULAR MEETING OF THE BOARD OF ALDERMAN HELD ON SEPTEMBER 9, 2025

F. APPROVAL OF MINUTES FOR THE SPECIAL MEETING OF THE BOARD OF ALDERMAN HELD ON SEPTEMBER 17, 2025

G. INVITED GUESTS:

- Roxi Connell - P.A.W.S, Opportunity to Provide Art Project Benefitting Mobile Animal Shelters

H. CITIZEN PARTICIPATION:

I. CITY STAFF REPORTS:

1. Dennis Daniels – Streets Superintendent
2. AJ Stone – Wastewater Superintendent
3. Sonny Conrow – Electric Superintendent
4. City Marshall – Timothy Wells
5. City Administrator – Deanna Cooper
6. City Attorney – Nathan Nickolaus

J. OLD BUSINESS:

1. DISCUSSION AND/OR APPROVAL OF ORDINANCE FOR THE ZONING CHANGE FOR A PORTION OF LOTS 13 AND 14, PAYNE AND PATRICK'S ADDITION, AS APPROVED AT COUNCIL MEETING ON 09-09-25 FOR JOHN GEHA.

1st Reading and 2nd Reading

2. DISCUSSION AND/OR APPROVAL OF AN AMENDED TEXT TO THE 04-04-2006 ANNEXATION POLICY, REFLECTING ORDINANCE 710.150, SECTION C, PARAGRAPH 4 AND SEWER LINE EXTENSION.



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3. DISCUSSION AND/OR APPROVAL OF AN ADDENDUM TO ORDINANCE 2023-16 APPROVING THE GL RENTALS FAYETTE SUBDIVISION ANNEXATION, REFLECTING THE CLARIFICATION OF THE EXTENSION OF THE CITY SEWER LINE (BEYOND THE 100')

K. NEW BUSINESS:

1. DISCUSSION AND/OR APPROVAL OF RESOLUTION 2025-20 APPROVING INVOICES FOR PAYMENT.
2. DISCUSSION AND/OR APPROVAL OF BUSINESS LICENSE FOR VISION ELECTRIC, LLC.
3. DISCUSSION AND/OR APPROVAL OF BUSINESS LICENSE FOR ALLEN INDUSTRIES, INC.
4. DISCUSSION AND/OR APPROVAL OF BUSINESS LICENSE FOR BB'S DONUTS LLC.
5. DISCUSSION AND/OR APPROVAL OF BUSINESS LICENSE FOR EMPIRE TRENCHING AND DIRT WORK, LLC.
6. DISCUSSION AND/OR APPROVAL OF TWO SIGN PERMITS FOR ENDLESS OPTIONS.
7. DISCUSSION AND/OR APPROVAL OF SIGN PERMIT FOR THE ATTIC.
8. DISCUSSION AND/OR APPROVAL OF SIGNS FOR CASEY'S.

L. BOARD OF ALDERMAN COMMENTS & COMMITTEE UPDATE:

1. David Frees - East Ward
2. Ronda Gerlt - East Ward
3. Patrick Roll - Northwest Ward
4. Grafton Cook - Southwest Ward
5. Michelle Ishmael - Northwest Ward
6. JB Waggoner - Southwest Ward

M. Motion to adjourn to closed session pursuant to RSMO Chapter 610.021 (2) leasing, purchase or sale of real estate by a public government body where public knowledge of the transaction might adversely affect the legal consideration therefore; RSMO Chapter 610.021 (3) hiring, firing, disciplining or promoting of particular employees by a public governmental body when personal information about the employee is discussed or recorded; RSMO Chapter 610.021 (13) individually identifiable personal records, performance rating or records pertaining to employees or applicants for employment

N. MOTION TO ADJOURNMENT

Posted Monday September 22, 2025

**REGULAR MEETING OF THE BOARD OF
ALDERMAN OF THE CITY OF FAYETTE,
MISSOURI
TUESDAY, SEPTEMBER 9, 2025**

CALL TO ORDER

The regular meeting of the Board of Aldermen of the City of Fayette was called to order at 6:00 p.m., September 9, 2025, by Mayor Greg Stidham.

PLEDGE OF ALLEGIANCE

Everyone in the Chamber rose for the Pledge of Allegiance led by Alderwoman Michell Ishmael.

ROLL CALL

Roll Call verified Five Board Members present for the meeting.

Responding to the Roll Call: Alderman David Frees, Alderwoman Ronda Gerlt, Alderman Patrick Roll, Alderwoman Michelle Ishmael and Alderman JB Waggoner. Alderman Grafton Cook - absent.

ADDITIONS TO AND APPROVAL OF AGENDA

Alderman Frees moved to approve the Agenda as presented. Alderwoman Ishmael seconded the motion. Four voting Aye. Alderman Waggoner – Abstained. Motion passed.

INVITED GUESTS

1. Caleb Walker, City Insurance renewal – Heritage Insurance

Mr. Walker stated that he attended the meeting to answer any questions regarding the Insurance information presented at the previous Council meeting. He noted that the two recommendations remain same as presented. He explained that Tokyo Marine offers high wind-hail deductible with the option to buy down a lower deductible, while Star Insurance offers a lower wind-hail deductible. Mayor Stidham stated that a revision of the buildings and vehicles is necessary to ensure adequate coverage, whether they need to be added or excluded, insured for actual cash value (ACV), or insured for content only.

2. Patricia Fisher – Not present

City Administrator Ms. Deanna Cooper explained to the Council that Ms. Fisher suggested holding a Fayette Gem Art Contest during the Festival of the Arts. The contest would focus on specific landmarks within the City, and the winning pieces would be displayed in City Hall. She also explained Ms. Fisher's vision for the Public Arts Work Project.

CITIZEN PARTICIPATION

• Regina Powell

Ms. Powell requested to be excluded from the list, stating that she would like to participate when Alderman Cook is present.

- **Eric Gonzales**

Mr. Gonzales expressed his complaint about receiving his Delinquent notice with very little time before his utilities were shut off. He mentioned that he receives his bill by email, but he had been busy and didn't check his messages.

- **Edward Dodson**

Mr. Dodson stated that he owns a house on Oaklawn Street adjacent to an alley that was supposedly closed several years ago. He reported that, according to the City Administrator, when an alley is vacated, part of the paperwork should have been forwarded to the Howard County Assessor, however, this apparently didn't occur. Mr. Dodson will provide an approximate date when the alley vacation took place so the Administrator can review the Council minutes. He expressed his intention to build a garage on that area and wants to get permission for that.

- **Marsha Broadus**

Ms. Broadus inquired about the status of the vacant Fayette caring building. Mayor Stidham responded that he contacted the owner and will be meeting to discuss plans for the property.

CITY STAFF REPORTS

- **Timothy Wells – Police Marshal**

Police Marshal, Timothy Wells informed the Council that he obtained quotes for vehicle decals as part of rebranding the Police Department. He reported that many nuisance properties are getting fixed and looking better. Marshal Wells stated that the County requested the use of the City dog Pound to occasionally hold a dog overnight or for a short time until it's returned to the owner, which he accepted as a matter of mutual cooperation. He also reported receiving donations from local businesses to purchase new ballistic vests for police officers.

Mayor Stidham asked if there were any parking issues on the square or in front of the Post Office due the new restaurant. Marshal Wells responded that no issues had been reported.

- **Deanna Cooper – City Administrator**

Ms. Cooper provided the Council with an update on the following topics:

- New computer equipment will arrive and be set up next week.
- Audit preparation is ongoing.
- Capstones have been installed at the City Hall front entrance, and the hand railing will be installed soon.
- The City has hired a new Building Inspector, Mr. Tracy Read, who will work two days a week. His work area will be located on the second floor of City Hall at the end of the hall.
- Street project bids have reopened and are due September 26 at 11 am at City Hall, where the bids will also be opened. Some deadlines have been modified, with the goal of completing the intersections this fall.
- The DC Rogers Wing Wall Project is in process and must be completed by November 30, 2025.

- **City Attorney – Nathan Nickolaus**

Not present due to an emergency in another city.

- **Sonny Conrow – Electric Superintendent**

Mr. Conrow informed the Council that he didn't get the dump truck at the auction in Columbia. He also reported that, using the test kits they got, a test was performed at the substation and revealed that the LTC load tab changer, which automatically raises and lowers voltage, is not functioning. He stated that he will work to get it working. MPUA has installed a temporary switch to get it operating based on air temperature. He noted that the repair is necessary, and it is going to cost approximately \$15,000.

Mr. Conrow also mentioned that they participated in the MPUA Rodeo in Colombia and Caleb Smedley won first place.

OLD BUSINESS

1. **DISCUSSION AND OR APPROVAL OF ALEXANDER & ASSOCIATES COMPLETION OF MANHOLE INSTALLATION AT GERLT SUBDIVISION.**

Alderman Waggoner inquired whether this obligation should fall on the developer or the City. He suggested reviewing the sub-division's Ordinance to follow it and determine the City's and developer responsibilities.

Alderman Frees moved to table the approval of Alexander & Associates Completion of Manhole installation at Gerlt Subdivision until the Building Inspector reviews the Ordinance. Alderwoman Ishmael seconded the motion. Five voting Aye. Nays – none. Motion passed.

2. **DISCUSSION AND OR APPROVAL OF ORDINANCE AMENDING ZONING TO INCLUDE SHORT TERM RENTALS ON STREET LEVEL IN B-1 AND B-2 BUSINESS DISTRICTS.**

City Administrator Ms. Deanna Cooper explained the Council that this Draft Ordinance would allow short term rentals in the rear portion of the main level of commercial spaces located in B-1 and B-2 districts. She noted that short term rental is defined as the letting or offering for a dwelling unit or a portion thereof, to one or more guests for a period of 30 consecutive calendar days or less.

Ms. Cooper stated that the recommendation of Planning and Zoning is that rentals may be up to 14 days and occupy no more than 30% of the ground level square footage, 70% of storefront and no parking on the square would be permitted.

Alderman Waggoner proposed following the Planning and Zoning recommendations, holding a Public Hearing at the first meeting of October, and prepare the Ordinance for presentation and approval.

Alderwoman Gerlt moved to table the Ordinance and send it to the Attorney for revisions. Alderman Frees seconded the motion. Five voting Aye. Nays – none. Motion passed.

NEW BUSINESS

1. **DISCUSSION AND OR APPROVAL OF ORDINANCE AMENDING CHAPTER 123 OF THE CITY CODE REGARDING OPEN MEETINGS, OPEN RECORDS AND RECORD RETENTION**

1st Reading by Title Only

Alderman Roll moved to proceed with the first reading. Alderwoman Ishmael seconded the motion.

Roll call vote: Ayes: Alderman Frees, Alderwoman Gerlt, Alderman Roll, Alderwoman Ishmael and Alderman Waggoner. Nays – None. Motion passed.

2nd Reading by Title Only

Alderman Frees moved to proceed with the second reading. Alderman Roll seconded the motion.

Roll call vote: Ayes: Alderman Frees, Alderwoman Gerlt, Alderman Roll, Alderwoman Ishmael and Alderman Waggoner. Nays – None. Motion passed.

Alderman Waggoner suggested to the City Administrator establish an annual calendar for a Sunshine Law refresher after each election, ensuring that new officials are included.

2. DISCUSSION AND OR APPROVAL OF ZONING CHANGE FROM B-2 TO RS-1 OF A PORTION OF LOSTS 13 & 14 OF PAYNE AND PATRICK'S ADDITION, REQUESTED BY MR. JOHN GEHA

Alderman Waggoner suggested implementing, by Ordinance, a fine to avoid requests zoning changes after construction has already been completed. The Council agreed that this approval after construction will be allowed as a one-time only case.

Alderman Roll moved to approve the Zoning change from B-2 to RS-1 requested by John Geha. Alderwoman Gerlt seconded the motion.

Roll call vote: Ayes: Alderman Frees, Alderwoman Gerlt, Alderman Roll, Alderwoman Ishmael and Alderman Waggoner. Nays – None. Motion passed.

3. DISCUSSION AND OR APPROVAL OF RESOLUTION 2025-19 APPROVING INVOICES FOR PAYMENT

Alderman Frees moved to approve Pay Resolution 2025-19, approving invoices for payment and salaries in the total sum of \$117,694.36 which includes, General Fund \$62,013.90, Electric Fund \$20,627.05, Water Fund \$16,842.08, Sewer Fund \$18,211.33. Alderman Roll seconded the motion. Five voting Aye. Nays – none. Motion passed.

BOARD OF ALDERMAN COMMENTS & COMMITTEE UPDATE

Alderman David Frees - East Ward

Alderman Frees mentioned that he received a letter from the Utilities Department notifying damage to his water meter antenna. He suggested re-wording that first notice letter in a more courteous manner.

Mr. Frees also informed the Council that the Parks and Rec Committee will provide the city crew with pulled pork, mac and cheese and coleslaw for lunch on Thursday to express appreciation for their hard work.

Alderwoman Ronda Gerlt - East Ward

Alderwoman Gerlt inquired why the trash service company proposed a rate increase and stated that it is a 3-year contract signed in 2024. Ms. Cooper clarified that the rates have not been increased, and the proposal was intended to cover the wear and tears on the streets caused by the trash trucks.

Ms. Gerlt also inquired if anything can be done regarding the old Mc Donald's and Dairy Queen buildings. She also noted that the Council didn't vote or interview the new Building Inspector, highlighting that the ordinance states that the Council should approve the hiring of an employee. She requested that the City Attorney make the necessary corrections in the Ordinance and ensure the process is followed, as the Council has currently the final decision.

Alderman Patrick Roll - Northwest Ward

Nothing to report.

Alderman Grafton Cook - Southwest Ward

Absent.

Alderwoman Michelle Ishmael - Northwest Ward

Alderwoman Ishmael expressed several concerns about people bringing dogs to the baseball field and not cleaning up after them even though there are signs prohibiting animals as well as children riding motorized scooters around town and not following traffic signs. She also reported the presence of roosters on the golf course.

Ms. Ishmael informed the Council that Downtown Fayette has a new Executive Director, Ms. Heather Dawson, who started on August 15th and is doing an excellent job for the community. She also noted that the farmer's market proposal from Downtown Fayette has been tabled.

Alderman JB Waggoner - Southwest Ward

Alderman Waggoner brought again the idea of forming a committee to review some ordinances. He noted two examples: some speed limit signs do not match the Ordinance and the annual reappointing of the City Attorney. Ms. Waggoner expressed his appreciation to Mayor Stidham for being actively involved in managing many City matters.

TO CLOSED SESSION

Alderman Roll motioned to move to closed session at 8:10 p.m. Alderwoman Ishmael seconded the motion. Five voting Aye. Nays – 0. Motion Passed.

Responding to the Roll Call: Alderman David Frees, Alderwoman Ronda Gerlt, Alderman Patrick Roll, Alderwoman Michelle Ishmael and Alderman J.B. Waggoner.

Alderman Waggoner moved to adjourn closed session at 8:45 p.m. and moved to open session. Alderwoman Ishmael seconded the motion. Five voting Aye. Nays – None. Motion passed.

Responding to the Roll Call: Alderman David Frees, Alderwoman Ronda Gerlt, Alderman Patrick Roll, Alderwoman Michelle Ishmael and Alderman J.B. Waggoner.

ADJOURNMENT

Alderman Roll moved to adjourn at 8:48 p.m. Alderman Waggoner seconded the motion. Five voting Aye. Nays – 0. Motion passed.

Respectfully submitted by:

_____ Maria Rogers, City Clerk

_____ Greg Stidham, Mayor

**SPECIAL MEETING OF THE BOARD OF
ALDERMAN OF THE CITY OF FAYETTE,
MISSOURI
TUESDAY, SEPTEMBER 17, 2025**

CALL TO ORDER

The regular meeting of the Board of Aldermen of the City of Fayette was called to order at 5:30 p.m., September 17, 2025, by Mayor Greg Stidham.

ROLL CALL

Roll Call verified Five Board Members present for the meeting.

Responding to the Roll Call: Alderman David Frees, Alderwoman Ronda Gerlt, Alderman Patrick Roll, Alderwoman Michelle Ishmael and Alderman JB Waggoner. Alderman Grafton Cook - absent.

1. APPROVAL AND SELECTION OF INSURANCE RENEWAL POLICY (STAR / TOKIO MARINE)

Alderman Roll moved to approve selecting Star Insurance for the City Insurance Policy which offers a lower deductible for wind-hail. Alderwoman Ishmael seconded the motion. Five voting Aye. Nays – none. Motion passed.

2. DISCUSSION AND OR APPROVAL OF ALEXANDER AND ASSOCIATES INSTALLATION OF 100' OF CITY SEWER LINE EXTENSION TO GERLT SUBDIVISION IN ACCORDANCE WITH CITY CODE 710.150, SECTION C, PARAGRAPH 4 AND ORDINANCE 2023-16

City Administrator, Deanna Cooper informed the Council that the current Ordinance permits the City to extend new main sewer connections up to 100 feet.

Since the Gerlt Annexation Agreement does not include any provision authorizing an extension beyond that limit, the Council is only able to approve the extension up to 100 feet.

Alderman Waggoner recommended approving the 100 feet extension allowed by Ordinance, amending or make an addendum to the Ordinance 2023-16 and updating the Gerlt Annexation documentation to allow for any additional extension.

Alderman Roll moved to approve the extension of 100 feet of new main sewer line to the Gerlt Annexation. Alderman Waggoner seconded the motion.

Roll call vote: Ayes: Alderman Frees, Alderwoman Gerlt, Alderman Roll, Alderwoman Ishmael and Alderman Waggoner. Nays – None. Motion passed.

Alderman Waggoner made a motion to include the addendum to Ordinance 2023-16 on the Agenda for the next council meeting. Alderman Frees seconded the motion. Five voting Aye. Nays – none. Motion passed.

3. POLICE OFFICERS SWEARING IN

Officer Justin Bates (Reserve) and new Officer Dalton Dubea were sworn in and took the Oath of Office.

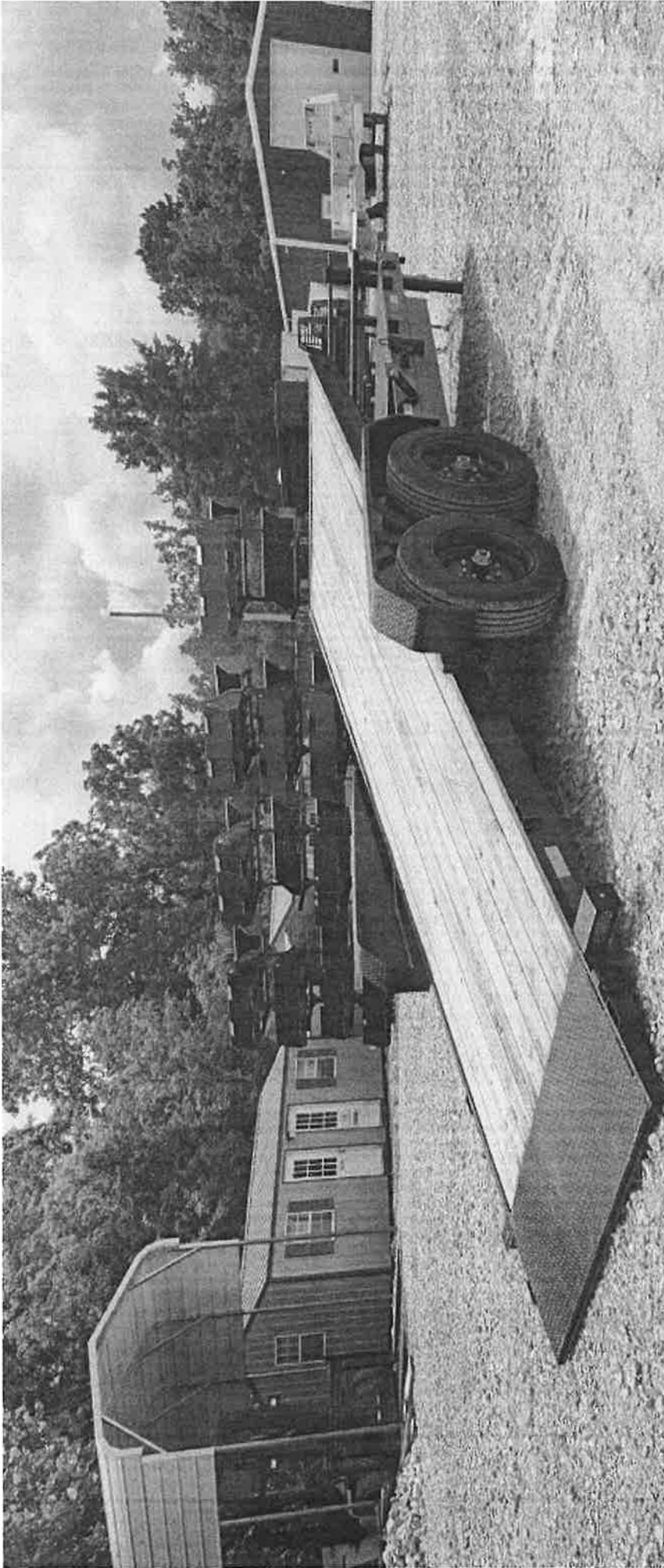
ADJOURNMENT

Alderman Roll moved to adjourn at 6:00 p.m. Alderman Frees seconded the motion. Five voting Aye. Nays – 0. Motion passed.

Respectfully submitted by:

_____ Maria Rogers, City Clerk

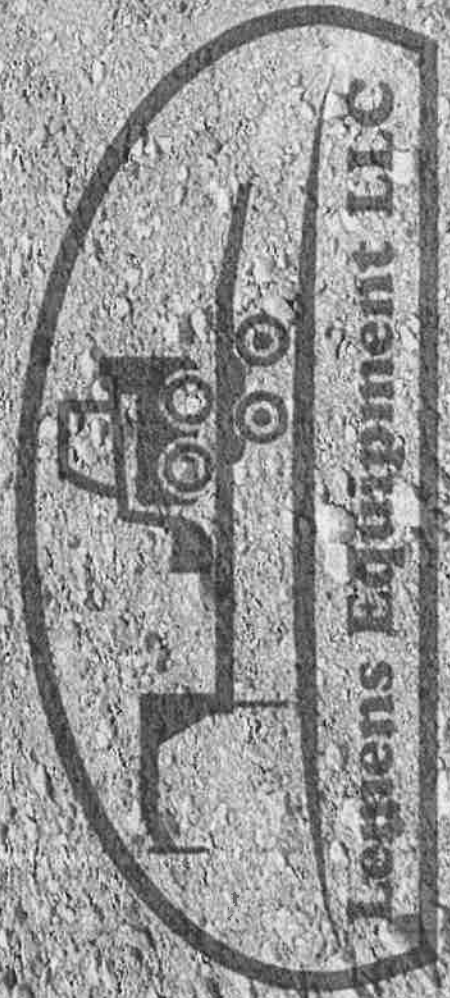
_____ Greg Stidham, Mayor



24' TILT DECK
CUSHION LOWER

16K \$8750.00

FOR NEW MINI



CITY OF FAYETTE, MISSOURI

BILL No. _____

ORDINANCE No. _____

AN ORDINANCE OF THE CITY OF FAYETTE, MISSOURI AMENDING THE ZONING MAP TO CHANGE CERTAIN PROPERTY OWNED BY JOHN AND NANNETTE GEHA FROM B-1, BUSINESS DISTRICT TO RS-1, SINGLE FAMILY RESIDENTIAL.

WHEREAS, John and Nannette Geha has filed a request for rezoning certain property from B-1, Business District to RS-1, Single Family Residential District; and

WHEREAS, the Planning and Zoning Commission, after publication of notice and notification to all persons owning property within 185 feet of the property, conducted a public hearing; and,

WHEREAS, having considered the matter the Planning and Zoning Commission recommended that the Board of Aldermen accept the modification;

NOW THEREFORE BE IT ORDAINED by the Board of Alderpersons of the City of Fayette, Missouri as follows:

SECTION ONE The property generally described as a portion of Lots 13 and 14 of Payne and Patrick's Addition, Fayette, Howard County, Missouri, is hereby rezoned from B-1 to RS-1.

SECTION TWO The legal description, as described in the records of Howard County Recorder of Deeds, Book 561 Page 387, for the subject property is as attached in **“Exhibit A”**.

SECTION THREE The City Administrator shall cause the zoning map to be updated to reflect this change.

SECTION FOUR Effective date. This ordinance shall be in full force and effect from and after the date of its passage and approval and shall remain in effect until amended or repealed by the board of Alderpersons.

This Ordinance shall be in full force and effect from and after its passage and approval.

1st Reading _____

2nd Reading _____

Passed and approved by the City Council of the City of Fayette, Missouri, this __ day of _____, 2025.

ATTEST

Greg Stidham, Mayor

Maria Rogers, City Clerk

"EXHIBIT A"

DESCRIPTION: TRACT 1

A PORTION OF LOTS 13 & 14 OF PAYNE & PATRICK'S ADDITION, FAYETTE, HOWARD COUNTY, MISSOURI AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:


BEGINNING AT THE INTERSECTION OF THE EAST LINE OF WATER STREET AND THE SOUTH LINE OF AN EXISTING ALLEY (NOW CRAVEN STREET) AND WITH THE SOUTH LINE THEREOF, N63°24'20"E, 82.00 FEET TO THE WEST LINE OF THE TRACT DESCRIBED BY DEED RECORDED IN BOOK 565, PAGE 834; THENCE WITH THE WEST LINE EXTENDED OF SAID TRACT, S28°26'10"E, 91.67 FEET TO THE SOUTHWEST CORNER OF THE TRACT DESCRIBED BY DEED RECORDED IN BOOK 565, PAGE 836; THENCE LEAVING THE LINES OF SAID TRACT, S63°24'20"W, 82.00 FEET TO THE EAST LINE OF SAID WATER STREET; THENCE WITH THE EAST LINE THEREOF, N28°26'10"W, 91.67 FEET TO THE POINT OF BEGINNING.

THE ABOVE DESCRIBED TRACT OF LAND CONTAINS 0.17 ACRES MORE OR LESS AND IS A PORTION OF THE SAME LAND DESCRIBED BY DEED RECORDED IN BOOK 561, PAGE 387, OF THE HOWARD COUNTY RECORDS. SUBJECT TO ANY EASEMENT OR RESTRICTION OF RECORD OR NOT OF RECORD, IF ANY.

CERTIFICATE OF SECRETARY


I, M. Gwen Wilder, do hereby certify that:

I am the Secretary of the City of Fayette, Missouri Planning and Zoning Commission; the attached is a true and correct copy of the original approved Minutes of the August 13, 2025, Public Hearing to hear a request by John Geha, Realtor, to approve the proposed ordinance change of the zoning of a portion of Lots 13 and 14 of Payne and Patrick's Addition, Fayette, Howard County, Missouri from B-2 (Business District) to RS-1 (Residential District). It has not been rescinded or modified, as to the date of this certificate. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the City of Fayette this 8th day of September 2025.



M. Gwen Wilder, Secretary
Planning and Zoning Commission
City of Fayette, Missouri

SEAL



Joey Smith, Chairman
Planning and Zoning Commission
City of Fayette, Missouri
(Witness)



Parcel

12-10-11-004-000-017.000
GEHA JOHN & NANETTE
GRAVENS ST FAYETTE, MO 65248
[Property Report](#)
[Soil Report](#)

[View Additional Details](#) [Run a Report](#)

RESOLUTION APPROVING PAYMENT OF INVOICES 2025-20

Be it Ordained by the Board of Aldermen of the City of Fayette, as follows:

Section 1: For the purpose of paying invoices and various accounts against the City of Fayette, which have been allowed by the Board of Aldermen, at the meeting thereof on September 23, 2025, the sum of **\$122,404.63**

General Fund	\$	78,796.11
Electric Fund	\$	24,565.43
Water Fund	\$	12,364.81
Sewer Fund	\$	6,678.28

Section 2: The City Clerk is hereby authorized and instructed to draw checks on the respective City bank accounts, in favor of the accounts that have been allowed as above amounting to **\$122,404.63** being the total amount of money appropriated.

Section 3: This resolution shall take effect and be in force from and after its passage.

Approved September 23, 2025:

Greg Stidham, Mayor

Endorsed September 23, 2025: I hereby certify that a sufficient sum of money stands to the credit of the City, unappropriated, in the City Clerk's Payment Fund to meet the requirements of this ordinance.

Maria Rogers, City Clerk

CLAIMS REPORT
Vendor Checks: 9/10/2025- 9/23/2025

VENDOR NAME	REFERENCE	AMOUNT	VENDOR TOTAL	CHECK#	CHECK DATE
ALEXANDER & ASSOCIATES	BOND PREMIUM 10% WINGWALL PROJ	38,800.00		1015	9/19/25
ANIXTER INC	PRIMARY METER BASES	4,951.50		44351	9/23/25
PROACCT FINANCIAL ADVANTAGE LL	PAYROLL SERVICES	670.00		44352	9/23/25
BOONSLICK INDUSTRIES INC	SHRED SERVICE SEPT 25	37.91		44353	9/23/25
CHARITON TIRE LLC	TIRES FOR 5420 TRACTOR	1,695.00		44354	9/23/25
CULLIGAN	WATER & COOLER	125.93		44355	9/23/25
FAMILY SUPPORT PAYMENT CENTER	GARNISHMENTS	69.23		44342	9/10/25
GLASGOW EQUIPMENT CO. INC.	CULVERT PIPE EAST WALNUT	212.00		44356	9/23/25
HILGEDICK ELECTRIC SERVICE	CONTROL MODULE FOR SWITCH ROOM	264.58		44357	9/23/25
HOME OIL COMPANY	GAS	1,444.21		44358	9/23/25
HOWARD CO EMERGENCY MANAGEMENT	EMERGENCY MANAGEMENT JAN-JUN25	3,000.00		44359	9/23/25
HSA-C HAMMONS	HEALTH SAVINGS	100.00	28257337		9/10/25
HSA-M SALAZAR	HEALTH SAVINGS	200.00	28257338		9/10/25
INOVATIA LABORATORIES LLC	AMONIA & E COLI TESTS	345.25	44360		9/23/25
IRS	FED/FICA TAX	11,394.11	28257336		9/10/25
LAWSON CONCRETE LLC	BRICK LABOR AND CAP STONES	4,000.00	44361		9/23/25
MATHESON TRI-GAS INC	NITROGEN TANK RENTAL	20.46	44362		9/23/25
MISSOURI DEPT. OF REVENUE	AUGUST SALES TAX	10,394.58	28257339		9/22/25
QUILL CORPORATION	TONER UTILITY OFFICE	171.83	44363		9/23/25
RIEKHOF LAW OFFICE LLC	MONTHLY BILLING SEPT 25	850.00	44364		9/23/25
RLI	INSURANCE-BONDS	700.00	44365		9/23/25
JSA MEDIA, LLC	BIDS FOR TREE REMOVAL	286.20	44366		9/23/25
TOM GRAHAM	RESTITUTION FROM TRISTAN HEAD	105.00	44367		9/23/25
EMPLOYEE SCREENING SERVICES	EMPLOYEE DRUG TEST	223.96	44368		9/23/25
TREE REMEDIES, LLC	DAKOTA WELLS	800.00	44369		9/23/25
USA BLUE BOOK	PROBE, BUFFER PACK, THERMOMETE	605.43	44370		9/23/25
WRIGHT'S OIL SERVICE	PD FUEL	2,580.35	44371		9/23/25
Accounts Payable Total			84,047.53		
Payroll Checks					
	01 GENERAL	19,032.15			
	02 ELECTRIC	9,302.76			
	03 WATER	5,879.08			
	04 SEWER	4,143.11			
Total Paid On: 9/10/25			38,357.10		
Total Payroll Paid			38,357.10		
Report Total			122,404.63		

CLAIMS REPORT
CLAIMS FUND SUMMARY

FUND	NAME	AMOUNT
01	GENERAL	78,796.11
02	ELECTRIC	24,565.43
03	WATER	12,364.81
04	SEWER	6,678.28
TOTAL FUNDS		122,404.63

ACCOUNTS PAYABLE CHECK REGISTER

BANK#	BANK NAME	CHECK#	DATE	ACCOUNT#	NAME	CHECK AMOUNT	CLEARED	MANUAL	VOID	REASON FOR VOID
1 #128740 CITY CLERK PAYMENT FND										
		44342	9/10/2025	1853	FAMILY SUPPORT PAYMENT CENTER	69.23				
*		44343	Thru 44350	(NOT IN SELECTED DATE RANGE)						
		44351	9/23/2025	2151	ANIXTER INC	4,951.50				
		44352	9/23/2025	2950	PROACCT FINANCIAL ADVANTAGE LL	670.00				
		44353	9/23/2025	2949	BOONSLICK INDUSTRIES INC	37.91				
		44354	9/23/2025	2723	CHARITON TIRE LLC	1,695.00				
		44355	9/23/2025	1324	CULLIGAN	125.93				
		44356	9/23/2025	1113	GLASGOW EQUIPMENT CO. INC.	212.00				
		44357	9/23/2025	1131	HILGEDICK ELECTRIC SERVICE	264.58				
		44358	9/23/2025	1136	HOME OIL COMPANY	1,444.21				
		44359	9/23/2025	2887	HOWARD CO EMERGENCY MANAGEMENT	3,000.00				
		44360	9/23/2025	1835	INOVATIA LABORATORIES LLC	345.25				
		44361	9/23/2025	2485	LAWSON CONCRETE LLC	4,000.00				
		44362	9/23/2025	2358	MATHESON TRI-GAS INC	20.46				
		44363	9/23/2025	1261	QUILL CORPORATION	171.83				
		44364	9/23/2025	2363	RIEKHOF LAW OFFICE LLC	850.00				
		44365	9/23/2025	2843	RLI	700.00				
		44366	9/23/2025	1057	JSA MEDIA, LLC	286.20				
		44367	9/23/2025	9999999999	TOM GRAHAM	105.00				
		44368	9/23/2025	1883	EMPLOYEE SCREENING SERVICES	223.96				
		44369	9/23/2025	2930	TREE REMEDIES, LLC	800.00				
		44370	9/23/2025	1337	USA BLUE BOOK	605.43				
		44371	9/23/2025	2708	WRIGHT'S OIL SERVICE	2,580.35				
*		44372	Thru 28257335							
		28257336	9/10/2025	2957	IRS	11,394.11			E-PAY	
		28257337	9/10/2025	2971	HSA-C HAMMONS	100.00			E-PAY	
		28257338	9/10/2025	2997	HSA-M SALAZAR	200.00			E-PAY	
		28257339	9/22/2025	1213	MISSOURI DEPT. OF REVENUE	10,394.58			E-PAY	
* See Check Summary below for detail on gaps and checks from other modules.										
BANK TOTALS:										
OUTSTANDING						45,247.53				
CLEARED						.00				

BANK 1 TOTAL						45,247.53				
VOIDED						.00				
FUND										
						TOTAL	OUTSTANDING	CLEARED	VOIDED	
01 GENERAL						20,963.96	20,963.96	.00	.00	
02 ELECTRIC						15,262.67	15,262.67	.00	.00	
03 WATER						6,485.73	6,485.73	.00	.00	
04 SEWER						2,535.17	2,535.17	.00	.00	

ACCOUNTS PAYABLE CHECK REGISTER
***** CHECK SUMMARY *****

BANK# CHECK#	BANK NAME	DESCRIPTION
<hr/>		
1 #128740		CITY CLERK PAYMENT FND
44342 Thru 44371		Accounts Payable Checks
44372 Thru 1001466		Gap in Checks
1001467 Thru 1001513		Payroll Checks
28257336 Thru 28257339		Accounts Payable E-Pay

INVOICE	LN	DIST ID	DUE DATE	REFERENCE	PAID AMT	CHECK NO		
<hr/>								
		1057		JSA MEDIA, LLC				
46.20527	1	01	9/23/25	FINANCIAL STATEMENT AD	95.40	44366		
46.20528	1	01	9/23/25	BIDS FOR TREE REMOVAL	190.80	44366		
				** VENDOR TOTAL **	286.20	286.20	.00	286.20
		1113		GLASGOW EQUIPMENT CO. INC.				
01-49417	1	01	9/23/25	CULVERT PIPE EAST WALNUT	212.00	44356		
				** VENDOR TOTAL **	212.00	212.00	.00	212.00
		1131		HILGEDICK ELECTRIC SERVICE				
19566	1	02	9/23/25	CONTROL MODULE FOR SWITC	264.58	44357		
				** VENDOR TOTAL **	264.58	264.58	.00	264.58
		1136		HOME OIL COMPANY				
83125	1	01	9/23/25	GAS	722.25	44358		
83125	2	01	9/23/25	TIRES	721.96	44358		
				** TOTAL **	1444.21	1444.21	.00	1444.21
				** VENDOR TOTAL **	1444.21	1444.21	.00	1444.21
		1213		MISSOURI DEPT. OF REVENUE				
083125	1	03	9/22/25	AUGUST SALES TAX	4093.21	28257339E		
083125	2	02	9/22/25	AUGUST SALES TAX	6301.37	28257339E		
				** TOTAL **	10394.58	10394.58	.00	10394.58
				** VENDOR TOTAL **	10394.58	10394.58	.00	10394.58
		1261		QUILL CORPORATION				
45584081	1	01	9/23/25	NAME PLATE FOR TRACY REA	19.83	44363		
45593513	1	01	9/23/25	TONER UTILITY OFFICE	152.00	44363		
				** VENDOR TOTAL **	171.83	171.83	.00	171.83
		1324		CULLIGAN				
55081640-08312025	1	01	9/23/25	WATER & COOLER	24.80	44355		
55081640-08312025	2	03	9/23/25	WATER & COOLER	24.80	44355		
55081640-08312025	3	04	9/23/25	WATER & COOLER	24.80	44355		
55081640-08312025	4	02	9/23/25	WATER & COOLER	24.81	44355		
				** TOTAL **	99.21	99.21	.00	99.21
55082069-08312025	1	01	9/23/25	WATER & COOLER	26.72	44355		
				** VENDOR TOTAL **	125.93	125.93	.00	125.93
		1337		USA BLUE BOOK				
00811111	1	04	9/23/25	PROBE, BUFFER PACK, THER	605.43	44370		

INVOICE	LN	DIST ID	DUE DATE	REFERENCE	PAID AMT	CHECK NO		
<hr/>								
		1337		USA BLUE BOOK				
				** VENDOR TOTAL **	605.43	605.43	.00	605.43
33083	1	1835		INOVATIA LABORATORIES LLC				
		04	9/23/25	E COLI TEST	50.00	44360		
33118	1	04	9/23/25	E COLI TEST	50.00	44360		
33126	1	04	9/23/25	AMONIA & E COLI TESTS	245.25	44360		
				** VENDOR TOTAL **	345.25	345.25	.00	345.25
		1883		EMPLOYEE SCREENING SERVICES				
153093	1	01	9/23/25	EMPLOYEE DRUG TEST	55.90	44368		
153093	2	01	9/23/25	EMPLOYEE DRUG TEST	5.60	44368		
153093	3	01	9/23/25	EMPLOYEE DRUG TEST	33.59	44368		
153093	4	02	9/23/25	EMPLOYEE DRUG TEST	61.59	44368		
153093	5	03	9/23/25	EMPLOYEE DRUG TEST	61.59	44368		
153093	6	04	9/23/25	EMPLOYEE DRUG TEST	5.69	44368		
				** TOTAL **	223.96	223.96	.00	223.96
				** VENDOR TOTAL **	223.96	223.96	.00	223.96
6533670-00	1	2151		ANIXTER INC				
		02	9/23/25	PRIMARY METER BASES	4951.50	44351		
				** VENDOR TOTAL **	4951.50	4951.50	.00	4951.50
52554385	1	2358		MATHESON TRI-GAS INC				
		02	9/23/25	NITROGEN TANK RENTAL	20.46	44362		
				** VENDOR TOTAL **	20.46	20.46	.00	20.46
90225	1	2363		RIEKHOF LAW OFFICE LLC				
		01	9/23/25	MONTHLY BILLING SEPT 25	850.00	44364		
				** VENDOR TOTAL **	850.00	850.00	.00	850.00
03	1	2485		LAWSON CONCRETE LLC				
		01	9/23/25	BRICK LABOR AND CAP STON	4000.00	44361		
				** VENDOR TOTAL **	4000.00	4000.00	.00	4000.00
119869	1	2708		WRIGHT'S OIL SERVICE				
119869	2	01	9/23/25	PD FUEL	883.47	44371		
119869	3	01	9/23/25	STREETS FUEL	642.85	44371		
119869	4	01	9/23/25	PARKS FUEL	469.69	44371		
119869	5	02	9/23/25	ELECTRIC FUEL	321.26	44371		
119869	6	03	9/23/25	WATER FUEL	186.33	44371		
119869		04	9/23/25	SEWER FUEL	76.75	44371		
				** TOTAL **	2580.35	2580.35	.00	2580.35

INVOICE	LN	DIST ID	DUE DATE	REFERENCE	PAID AMT	CHECK NO		
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				2708 WRIGHT'S OIL SERVICE				
				** VENDOR TOTAL **	2580.35	2580.35	.00	2580.35
				2723 CHARITON TIRE LLC				
9500007154	1	01	9/23/25	TIRES FOR 5420 TRACTOR	1695.00	44354		
				** VENDOR TOTAL **	1695.00	1695.00	.00	1695.00
				2843 RLI				
1417318-91825	1	01	9/23/25	INSURANCE-BONDS	700.00	44365		
				** VENDOR TOTAL **	700.00	700.00	.00	700.00
				2887 HOWARD CO EMERGENCY MANAGEMENT				
81225	1	01	9/23/25	EMERGENCY MANAGEMENT JAN	3000.00	44359		
				** VENDOR TOTAL **	3000.00	3000.00	.00	3000.00
				2930 TREE REMEDIES, LLC				
658	1	01	9/23/25	DAKOTA WELLS	800.00	44369		
				** VENDOR TOTAL **	800.00	800.00	.00	800.00
				2949 BOONSLICK INDUSTRIES INC				
INV003305	1	01	9/23/25	SHRED SERVICE SEPT 25	37.91	44353		
				** VENDOR TOTAL **	37.91	37.91	.00	37.91
				2950 PROACCT FINANCIAL ADVANTAGE LL				
5546	1	01	9/23/25	PAYROLL SERVICES	95.00	44352		
5546	2	02	9/23/25	PAYROLL SERVICES	95.00	44352		
5546	3	03	9/23/25	PAYROLL SERVICES	95.00	44352		
5546	4	04	9/23/25	PAYROLL SERVICES	95.00	44352		
				** TOTAL **	380.00	380.00	.00	380.00
5555	1	01	9/23/25	ACCOUNTING SERVICE	12.50	44352		
5555	2	02	9/23/25	ACCOUNTING SERVICE	12.50	44352		
5555	3	03	9/23/25	ACCOUNTING SERVICE	12.50	44352		
5555	4	04	9/23/25	ACCOUNTING SERVICE	12.50	44352		
				** TOTAL **	50.00	50.00	.00	50.00
5563	1	01	9/23/25	PAYROLL BASIC	12.50	44352		
5563	2	02	9/23/25	PAYROLL BASIC	12.50	44352		
5563	3	03	9/23/25	PAYROLL BASIC	12.50	44352		
5563	4	04	9/23/25	PAYROLL BASIC	12.50	44352		
				** TOTAL **	50.00	50.00	.00	50.00
5569	1	01	9/23/25	PAYROLL SERVICES	47.50	44352		
5569	2	02	9/23/25	PAYROLL SERVICES	47.50	44352		
5569	3	03	9/23/25	PAYROLL SERVICES	47.50	44352		
5569	4	04	9/23/25	PAYROLL SERVICES	47.50	44352		
				** TOTAL **	190.00	190.00	.00	190.00

APUPDT00 Fri Sep 19, 2025 3:12 PM
07.01.21 POSTING DATE: 9/23/2025

City of Fayette MO
SCHEDULED PAYMENT UPDATE DETAIL
CALENDAR 9/2025, FISCAL 3/2026

OPER: MAS
JRNL:6317

PAGE 4

INVOICE	LN	DIST ID	DUE DATE	REFERENCE	PAID AMT	CHECK NO		
		2950		PROACCT FINANCIAL ADVANTAGE LL				
				** VENDOR TOTAL **	670.00	670.00	.00	670.00
		9999990215		TOM GRAHAM				
91225	1	01	9/23/25	RESTITUTION FROM TRISTAN	105.00	44367		
				** VENDOR TOTAL **	105.00	105.00	.00	105.00
				** E-PAYMENT TOTAL **				10394.58
				** PRINTD CHK TOTAL **				23089.61
				** GRAND TOTAL **	33484.19	33484.19	.00	33484.19

GL ACCOUNT NUMBER	GL ACCOUNT NAME	DEBITS	CREDITS	NET
01-00-1000	CASH ACCOUNT		95.40	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	95.40		
01-00-1000	CASH ACCOUNT		190.80	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	190.80		
01-00-1000	CASH ACCOUNT		212.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	212.00		
02-00-1000	CASH ACCOUNT		264.58	
02-00-2000	ACCOUNTS PAYABLE	264.58		
01-00-1000	CASH ACCOUNT		722.25	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	722.25		
01-00-1000	CASH ACCOUNT		721.96	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	721.96		
01-00-1000	CASH ACCOUNT		19.83	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	19.83		
01-00-1000	CASH ACCOUNT		152.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	152.00		
01-00-1000	CASH ACCOUNT		24.80	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	24.80		
03-00-1000	CASH ACCOUNT		24.80	
03-00-2000	ACCOUNTS PAYABLE	24.80		
04-00-1000	CASH ACCOUNT		24.80	
04-00-2000	ACCOUNTS PAYABLE	24.80		
02-00-1000	CASH ACCOUNT		24.81	
02-00-2000	ACCOUNTS PAYABLE	24.81		
01-00-1000	CASH ACCOUNT		26.72	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	26.72		
04-00-1000	CASH ACCOUNT		605.43	
04-00-2000	ACCOUNTS PAYABLE	605.43		
04-00-1000	CASH ACCOUNT		50.00	
04-00-2000	ACCOUNTS PAYABLE	50.00		
04-00-1000	CASH ACCOUNT		50.00	
04-00-2000	ACCOUNTS PAYABLE	50.00		
04-00-1000	CASH ACCOUNT		245.25	
04-00-2000	ACCOUNTS PAYABLE	245.25		
01-00-1000	CASH ACCOUNT		55.90	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	55.90		
01-00-1000	CASH ACCOUNT		5.60	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	5.60		
01-00-1000	CASH ACCOUNT		33.59	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	33.59		
02-00-1000	CASH ACCOUNT		61.59	
02-00-2000	ACCOUNTS PAYABLE	61.59		
03-00-1000	CASH ACCOUNT		61.59	
03-00-2000	ACCOUNTS PAYABLE	61.59		
04-00-1000	CASH ACCOUNT		5.69	
04-00-2000	ACCOUNTS PAYABLE	5.69		
02-00-1000	CASH ACCOUNT		4951.50	
02-00-2000	ACCOUNTS PAYABLE	4951.50		
02-00-1000	CASH ACCOUNT		20.46	
02-00-2000	ACCOUNTS PAYABLE	20.46		
01-00-1000	CASH ACCOUNT		850.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	850.00		
01-00-1000	CASH ACCOUNT		4000.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	4000.00		

GL ACCOUNT NUMBER	GL ACCOUNT NAME	DEBITS	CREDITS	NET
01-00-1000	CASH ACCOUNT		883.47	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	883.47		
01-00-1000	CASH ACCOUNT		642.85	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	642.85		
01-00-1000	CASH ACCOUNT		469.69	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	469.69		
02-00-1000	CASH ACCOUNT		321.26	
02-00-2000	ACCOUNTS PAYABLE	321.26		
03-00-1000	CASH ACCOUNT		186.33	
03-00-2000	ACCOUNTS PAYABLE	186.33		
04-00-1000	CASH ACCOUNT		76.75	
04-00-2000	ACCOUNTS PAYABLE	76.75		
01-00-1000	CASH ACCOUNT		1695.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	1695.00		
01-00-1000	CASH ACCOUNT		700.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	700.00		
01-00-1000	CASH ACCOUNT		3000.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	3000.00		
01-00-1000	CASH ACCOUNT		800.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	800.00		
01-00-1000	CASH ACCOUNT		37.91	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	37.91		
01-00-1000	CASH ACCOUNT		95.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	95.00		
02-00-1000	CASH ACCOUNT		95.00	
02-00-2000	ACCOUNTS PAYABLE	95.00		
03-00-1000	CASH ACCOUNT		95.00	
03-00-2000	ACCOUNTS PAYABLE	95.00		
04-00-1000	CASH ACCOUNT		95.00	
04-00-2000	ACCOUNTS PAYABLE	95.00		
01-00-1000	CASH ACCOUNT		12.50	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	12.50		
02-00-1000	CASH ACCOUNT		12.50	
02-00-2000	ACCOUNTS PAYABLE	12.50		
03-00-1000	CASH ACCOUNT		12.50	
03-00-2000	ACCOUNTS PAYABLE	12.50		
04-00-1000	CASH ACCOUNT		12.50	
04-00-2000	ACCOUNTS PAYABLE	12.50		
01-00-1000	CASH ACCOUNT		12.50	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	12.50		
02-00-1000	CASH ACCOUNT		12.50	
02-00-2000	ACCOUNTS PAYABLE	12.50		
03-00-1000	CASH ACCOUNT		12.50	
03-00-2000	ACCOUNTS PAYABLE	12.50		
04-00-1000	CASH ACCOUNT		12.50	
04-00-2000	ACCOUNTS PAYABLE	12.50		
01-00-1000	CASH ACCOUNT		47.50	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	47.50		
02-00-1000	CASH ACCOUNT		47.50	
02-00-2000	ACCOUNTS PAYABLE	47.50		
03-00-1000	CASH ACCOUNT		47.50	
03-00-2000	ACCOUNTS PAYABLE	47.50		
04-00-1000	CASH ACCOUNT		47.50	
04-00-2000	ACCOUNTS PAYABLE	47.50		

GL ACCOUNT NUMBER	GL ACCOUNT NAME	DEBITS	CREDITS	NET
01-00-1000	CASH ACCOUNT		105.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	105.00		
	GENERAL LEDGER TOTALS	23089.61	23089.61	

ACCOUNT NUMBER	ACCOUNT TITLE	DEBITS	CREDITS	NET
01-00-1000	CASH ACCOUNT	.00	15,612.27	15,612.27-
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	15,612.27	.00	15,612.27
02-00-1000	CASH ACCOUNT	.00	5,811.70	5,811.70-
02-00-2000	ACCOUNTS PAYABLE	5,811.70	.00	5,811.70
03-00-1000	CASH ACCOUNT	.00	440.22	440.22-
03-00-2000	ACCOUNTS PAYABLE	440.22	.00	440.22
04-00-1000	CASH ACCOUNT	.00	1,225.42	1,225.42-
04-00-2000	ACCOUNTS PAYABLE	1,225.42	.00	1,225.42
TRANSACTION TOTALS		23,089.61	23,089.61	.00
FUND	NAME	DEBITS	CREDITS	
01	GENERAL	15,612.27	15,612.27	
02	ELECTRIC	5,811.70	5,811.70	
03	WATER	440.22	440.22	
04	SEWER	1,225.42	1,225.42	
TOTALS		23,089.61	23,089.61	



117 S. Main St
Fayette, Mo 65248
Phone (660) 248-5246 Fax (660) 248-3502

Date

08.22.25

Business License Application

BUSINESS INFORMATION

Name of Business (Corporate Name) Vision Electric, LLC		DBA Vision Electric & Systems	
Location (Street Address) 29 Lone Star Ct		City / State / Zip O'Fallon, MO 63366	
Mailing Address (if different than location)		Tax ID # 20-3900747	
Main Business Phone 636.916.0900	Cell Phone	Cell Phone (Other)	
Email Address Michelle@visionmo.com		Owners Name Douglas Brewer	

The business proposed to be conducted under this license shall consist of: (Provide details of business and lines of merchandise handled if applicable)

Minimal Electrical
work

SIGNATURE REQUIRED

The undersigned hereby makes application for business license. The above information is true and correct concerning said business under consideration

Signature Douglas Brewer

Printed Name Douglas Brewer

DOCUMENTS REQUIRED

Provided a copy of Missouri Department of Revenue Certificate of State No Tax Due	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Provided a copy of Certificate of Work Comp Insurance (if applicable)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Provided a copy of Certificate of State Liquor License (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Provided a copy of State Health Department inspection, less than 1 year old (if applicable) for food truck services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

COMPLETED BY THE CITY OF FAYETTE

License Fee amount \$

Cash ☐ CC ☐ Check ☐ #

Filled with the City Clerk on

Shanna Cooper
City Clerk Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/22/2025

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).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER	
	PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664	
	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: FEDERATED MUTUAL INSURANCE COMPANY	13935
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
VISION ELECTRIC LLC
29 LONE STAR CT
O FALLON, MO 63366-1923

COVERAGES

CERTIFICATE NUMBER: 530

REVISION NUMBER: 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	N	N	6086746	01/05/2025	01/05/2026	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	EXCLUDED
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS & COMP/OP ACC	\$2,000,000
	OTHER:							
A	AUTOMOBILE LIABILITY	N	N	6086746	01/05/2025	01/05/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per Accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per Accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	N	N	6086748	01/05/2025	01/05/2026	EACH OCCURRENCE	\$14,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$14,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	N	1821998	01/05/2025	01/05/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE EA EMPLOYEE	\$1,000,000
							E.L DISEASE POLICY LIMIT	\$1,000,000
A	BUSINESS ERRORS/OMISSIONS	N	N	6086747	01/05/2025	01/05/2026	PER CLAIM	\$2,000,000
							AGGREGATE	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CITY OF FAYETTE
117 S MAIN ST
FAYETTE, MO 65248-1211

530 0

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Nicholas R. Zaver

CITY OF



117 S. Main St.

Fayette, MO 65248

Phone (660)248-5246 Fax (660)248-3502

Date

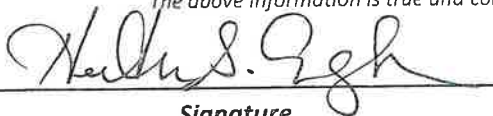
7-18-2025

Business License Application

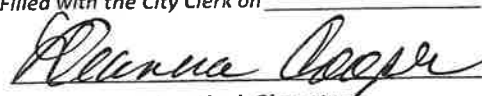
BUSINESS INFORMATION		
Name of Business (Corporate name) Allen Industries INC		DBA
Location (Street Address) 6434 Burnt Poplar Rd		City / State / Zip Greensboro, NC 27409
Mailing Address (if different than location) 6434 Burnt Poplar Rd, Greensboro, NC 27409		Tax ID # 56-0486250
Main Business Phone (336) 799-4670	Cell Phone (336) 312-2624	Cell Phone (Other)
Email address hsepermitsolutions@yahoo.com licenses@allenindustries.com		Owners name Allen Family

The undersigned hereby makes application for business license. The business proposed to be conducted under this license shall consist of: (Provide details of business and lines of merchandise handled if applicable)

Out of State Sign Installation Contractor

SIGNATURE REQUIRED	
The above information is true and correct concerning said business under consideration	
 Signature	Heather S English Printed Name
Application must be signed by a Business Owner or Manager Officer of the Company	

DOCUMENTS REQUIRED			
Provided a copy of Missouri Department of Revenue Certificate of State No Tax Due	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/> Requested
Provided a copy of Certificate of Work Comp Insurance (if applicable)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Provided a copy of Certificate of State Liquor License (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

COMPLETED BY THE CITY OF FAYETTE	
License Fee amount \$ <input type="text"/>	Filled with the City Clerk on <input type="text"/>
Cash <input type="checkbox"/> CC <input type="checkbox"/> Check <input type="checkbox"/> # <input type="text"/>	 City Clerk Signature

City Administrator



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2025

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).

PRODUCER Scott Insurance 400 Bellemeade Street, Suite 201 Greensboro NC 27401	CONTACT NAME: Phoebe Azar PHONE (A/C, No, Ext): 336-510-0093 FAX (A/C, No): 434-455-8912 E-MAIL ADDRESS: Pazar@scottins.com												
INSURED Allen Industries of NC, Inc 11351 49th Street North Clearwater, FL 33762	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Travelers Property Casualty Company of America (A+)</td><td>NAIC # 25674</td></tr><tr><td>INSURER B: Zurich American Insurance Company (A+)</td><td>16535</td></tr><tr><td>INSURER C: Berkley Insurance Comp (A+)</td><td>32603</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER A: Travelers Property Casualty Company of America (A+)	NAIC # 25674	INSURER B: Zurich American Insurance Company (A+)	16535	INSURER C: Berkley Insurance Comp (A+)	32603	INSURER D:		INSURER E:		INSURER F:	
INSURER A: Travelers Property Casualty Company of America (A+)	NAIC # 25674												
INSURER B: Zurich American Insurance Company (A+)	16535												
INSURER C: Berkley Insurance Comp (A+)	32603												
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES

CERTIFICATE NUMBER: 905477971

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER		GLO3433291-19	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000		BAP3433292-19	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ MCS 90 For \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUP-A0914850-24-NF	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Prods/CO Aggregate \$ 10,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	WC3433290-19	10/1/2024	10/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER Stop Gap E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
C	Inland Marine		MIM 1015060-58	4/17/2025	4/17/2026	Leased Equipment Installation 500,000 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Warsaw MO is an additional insured as respects General Liability if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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117 S. Main St
Fayette, Mo 65248
Phone (660) 248-5246 Fax (660) 248-3502

Date

8/22/25

Business License Application

BUSINESS INFORMATION

Name of Business (Corporate Name) BB's DONUTS LLC		DBA BB's DONUTS	
Location (Street Address) 821 W. RD. 213		City / State / Zip Armstrong, MO 65230	
Mailing Address (if different than location)		Tax ID # 30800595	
Main Business Phone 660-651-2152	Cell Phone 660-728-0561	Cell Phone (Other) 573-239-1476	
Email Address bbsdonuts.mo@gmail.com		Owners Name BRITTANY & DAVID MILLER	
The business proposed to be conducted under this license shall consist of: (Provide details of business and lines of merchandise handled if applicable) FOOD TRUCK, MAKES & SELLS CAKE DONUTS & ICED COFFEE			

SIGNATURE REQUIRED

The undersigned hereby makes application for business license. The above information is true and correct concerning said business under consideration

Signature BRITTANY MILLER

Printed Name Brittany Miller

DOCUMENTS REQUIRED

Provided a copy of Missouri Department of Revenue Certificate of State No Tax Due	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Provided a copy of Certificate of Work Comp Insurance (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Provided a copy of Certificate of State Liquor License (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Provided a copy of State Health Department inspection, less than 1 year old (if applicable) for food truck services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

COMPLETED BY THE CITY OF FAYETTE

License Fee amount \$

930

Cash ☐

CC ☐

Check ☒

#

1003

Filled with the City Clerk on

Shane Rogers
Administrator
City Clerk Signature

STATE OF MISSOURI



Denny Hoskins
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

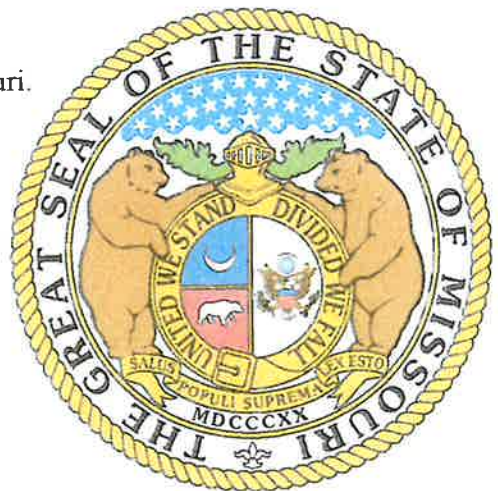
BB'S DONUTS LLC
LC014653498

filed its Articles of Organization with this office on the 4th day of August, 2025, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, Denny Hoskins, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 4th day of August, 2025, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this 4th day of August, 2025.

Denny Hoskins
Secretary of State



TAXATION DIVISION
PO BOX 3000
JEFFERSON CITY, MO 65105-3000



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-5860
Fax: 573-522-1722
E-mail: businesstaxregister@dor.mo.gov

BB S DONUTS LLC
BRITTANY MILLER
821 COUNTY ROAD 213
ARMSTRONG MO 65230-9790

08/12/2025

CERTIFICATE OF NO TAX DUE

RE: Notice Number 2057334720
MISSOURI ID: 30800595

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account 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 08/12/2025. These records do not include returns that are not required to be filed as of this date 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 does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

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

TAXATION DIVISION





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 08:20	TIME OUT 08:30
PAGE 1 of 2	

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: BB's DONUTS	OWNER: Brittany & David Miller	PERSON IN CHARGE: DAVID MILLER
ADDRESS: 821 CR 213	PHONE: bbdonuts.mo@gmail.com	COUNTY: 089
CITY/ZIP: Armstrong 65230	PHONE: 666-651-2152	FAX:
P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L		

ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> MOBILE VENDORS

PURPOSE <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other
--

FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____
--	--	---

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/A N/A	Proper cooking, time and temperature		
IN OUT	Employee Health			IN OUT N/A N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness: policy present			IN OUT N/A N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/A N/A	Proper hot holding temperatures		
IN OUT N/A	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/A	Proper eating, tasting, drinking or tobacco use			IN OUT N/A N/A	Proper date marking and disposition		
IN OUT N/A	No discharge from eyes, nose and mouth			IN OUT N/A N/A	Time as a public health control (procedures / records)		
IN OUT N/A	Preventing Contamination by Hands			IN OUT N/A	Consumer Advisory		
IN OUT N/A	Hands clean and properly washed				Consumer advisory provided for raw or undercooked food		
IN OUT N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/A N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT	Approved Source				Chemical		
IN OUT N/A N/A	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/A N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/A N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Protection from Contamination						
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/A	Proper disposition of returned, previously served, reconditioned, and unsafe food						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.							
IN	OUT		COS	R	IN	OUT	
		Safe Food and Water					Proper Use of Utensils
		Pasteurized eggs used where required					In-use utensils: properly stored
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled
		Food Temperature Control					Single-use/single-service articles: properly stored, used
		Adequate equipment for temperature control					Gloves used properly
		Approved thawing methods used					Utensils, Equipment and Vending
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used
		Food properly labeled; original container					Nonfood-contact surfaces clean
		Prevention of Food Contamination					Physical Facilities
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed
		Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained
							Physical facilities installed, maintained, and clean

Person in Charge / Title: D. L. Miller member	Date: 8/28/2025
Inspector: Jesse Harris	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No: 666-248-3100	Follow-up Date:
EPHS No: 1876	



TIME IN 08:00	TIME OUT 08:30
PAGE 2 of 2	

ESTABLISHMENT NAME		ADDRESS		CITY	ZIP
BB's Diner		821 CR 213		ARMSTRONG	65236
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
FREEZER		-19.1			
REFRIGERATOR		33.6			

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
NONE OBSERVED			

[illegible]

EDUCATION PROVIDED OR COMMENTS			
COMMISSARY AREA APPROVED AS WELL			
Person in Charge / Title: <i>D. P. White</i>		Date: <i>8/28/25</i>	
Inspector: <i>Mr. Charles</i>	Telephone No. <i>666-248-3166</i>	EPHS No. <i>1896</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date:



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
PO BOX 3300
JEFFERSON CITY, MO 65105-3300

Date: 08/12/2025

MISSOURI BUSINESS TAX REGISTRATION

BB S DONUTS LLC
BRITTANY MILLER
821 COUNTY ROAD 213
ARMSTRONG MO 65230-9790

MISSOURI ID: 30800595

Notice Number: 2057334732

Telephone: (573) 751-5860
Fax: (573) 522-1722
Email: businesstaxregister@dor.mo.gov

Use the following codes and rates applicable for each location when remitting sales or use tax to the Department of Revenue. **These rates are effective as of the date of this letter and are subject to change.** All rate changes are effective on the first day of the calendar quarter. For the most recent rate information, visit our website at <http://dor.mo.gov/business/sales/>.

If you require additional information, contact the Department at the above address, telephone number, fax number, or e-mail.

Account Type	Location	Jurisdiction Code	Item Code	Site Code	Rate
SALES LOCATION	821 COUNTY ROAD 213 UNINCORPORATED, HOWARD COUNTY	00000-089-000	0000	0001	7.1000%





MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
PO BOX 357
JEFFERSON CITY, MO 65105-0357

Date: August 12, 2025

MISSOURI BUSINESS TAX REGISTRATION

Notice Number: 2057334702

BB S DONUTS LLC
BRITTANY MILLER
821 COUNTY ROAD 213
ARMSTRONG MO 65230-9790

Telephone: (573) 751-5860
Fax: (573) 522-1722
Email: businesstaxregister@dor.mo.gov

The Department of Revenue received your Missouri tax registration application. You have been registered with the Department for the following account type(s) based on the information you provided on your application. You must report each tax or fee on the filing frequency indicated.

Account Type	ID	PIN	Begin Date:	Filing Frequency
SALES TAX	MOID 30800595	5567	08/08/2025	ANNUAL

Use the Missouri Tax ID Number and PIN listed above when corresponding with the Department concerning your business and when filing any return or report. This is a Missouri Tax ID Number and does not replace your Federal Employer Identification Number or any registration number issued by the Missouri Secretary of State or Missouri Department of Labor and Industrial Relations.

To download blank returns, visit <http://dor.mo.gov/forms/>.

For information regarding electronic filing of your return(s), visit:
<https://mytax.mo.gov/rptp/portal/home/fileandpaybusinesstaxesonline>. Electronic filing is available 24 hours a day, 7 days a week. Your tax return information is transmitted over secure lines to ensure confidentiality.

If you require additional information, contact the Taxation Division at the above address, telephone number, or e-mail.

Enclosure





117 S. Main St
Fayette, Mo 65248
Phone (660) 248-5246 Fax (660) 248-3502

Date

9/3/25

Business License Application

BUSINESS INFORMATION

Name of Business (Corporate Name)	DBA		
Empire Trendy & Dist Work LLC	Same		
Location (Street Address)	City / State / Zip		
626 C.R. 320	Fayette, Mo 65248		
Mailing Address (if different than location)	Tax ID #		
626 C.R. 320	39-3410097		
Main Business Phone	Cell Phone	Cell Phone (Other)	
(660) 888-3050	(660) 888-3050	(573) 999-7084	
Email Address	Owners Name		
	Seth Belitt		

The business proposed to be conducted under this license shall consist of: (Provide details of business and lines of merchandise handled if applicable) Excavation & Demo

SIGNATURE REQUIRED

The undersigned hereby makes application for business license. The above information is true and correct concerning said business under consideration

Signature

Printed Name

Seth Belitt

DOCUMENTS REQUIRED

Provided a copy of Missouri Department of Revenue Certificate of State No Tax Due	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Provided a copy of Certificate of Work Comp Insurance (if applicable)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Provided a copy of Certificate of State Liquor License (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Provided a copy of State Health Department inspection, less than 1 year old (if applicable) for food truck services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

COMPLETED BY THE CITY OF FAYETTE

License Fee amount \$

30.00

Cash ☐

CC ☐

Check ☒

3003

Filed with the City Clerk on

9-3-25

City Administrator Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/2025

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).

PRODUCER GOLDEN RULE INSURANCE 4065 OSAGE BEACH PKWY PO BOX 810 OSAGE BEACH MO 65065 Phone: 573.348.1731 Fax:	CONTACT NAME: Lisa Plemmons PHONE (A/C No. Ext): 573.348.1731 Ext: E-MAIL ADDRESS: lisa@goldenruleinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Acuity, A Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 14184
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO. JECT <input checked="" type="checkbox"/> LOC OTHER:		FB3914	08/28/2025	08/28/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY Included GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	CWCFB3914	08/28/2025	08/28/2026	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Empire Trenching & Dirt Work
626 County Road 320
Fayette, MO 65248

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2016 ACORD CORPORATION. All rights reserved.



APPLICATION FOR BUILDING PERMIT

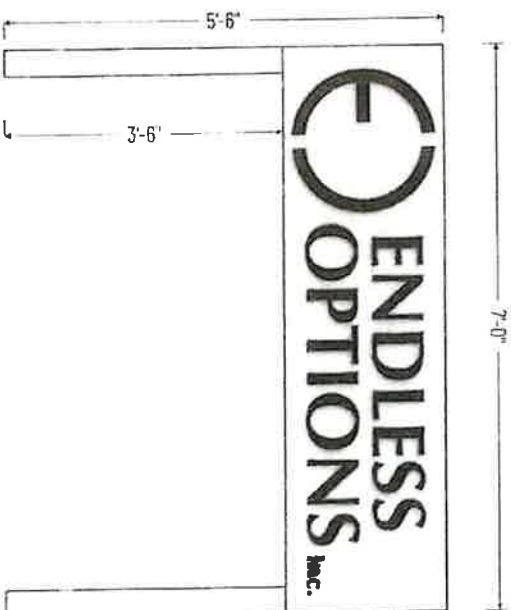
This application must be completed in its entirety before a permit can be issued.

STREET ADDRESS:		COST ESTIMATE: \$ 3800	PERMIT #:	DATE: 7/30/25	
TYPE OF BUILDING: COMMERCIAL	NUMBER OF FLOORS: NA	PROPERTY USE: COMMERCIAL	ZONING: B1	FLOOD ZONE YES <input checked="" type="checkbox"/> NO	
DESCRIPTION OF WORK: NEW SIGN - SEE RENDERING					
CONTRACTOR: IMPACT SIGNS, AWNINGS, WRAPS, INC.		BUILDING OWNER: ENDLESS OPTIONS			
ADDRESS: 100 CURRY DRIVE		ADDRESS: 222 E. DAVIS ST.			
CITY, STATE, ZIP: JEDAH, MO 65301		CITY, STATE, ZIP: FAYETTE, MO 65248			
PHONE NUMBER: (660) 829-4800		PHONE NUMBER: (660) 888-5751			
LEGAL DESCRIPTION:		YARD SET-BACK FROM LOT LINE:			
LOT:		FRONT: 15' +			
BLOCK:		SIDES:			
SUBDIVISION:		REAR:			
SIZE OF BUILDING:	NUMBER OF ROOMS:	TOTAL HEIGHT:	TYPE OF HEAT:	TYPE OF ROOF:	TYPE OF FOUNDATION:

I hereby acknowledge that I read this application and state that the above is correct and I agree to comply with the city ordinances and state laws, regulating building construction. I understand that a certificate of occupancy must be issued before the building is occupied.

CONTRACTOR/OWNER SIGNATURE

APPROVED BY



SIGN TYPE

POST & PANEL
NON-ILLUMINATED
SINGLE SIDED

MATERIALS

- A SUBSTRATE:** 3/32" ALUMINUM PANELS
MECHANICAL FASTENED TO POSTS & FRAME
PREMIUM AKZONOBEL EFX SATIN PAINT FINISH
- B FCO:** FLAT CUT DUT LETTERS
1/4" ALUMINUM - CNC ROUTER CUT TO SHAPE
PREMIUM AKZONOBEL EFX SATIN PAINT FINISH
FLUSH STUD MOUNTED TO SIGN FACE
- C SIGN STRUCTURE:** ALL ALUMINUM CONSTRUCTION
2"x2"x1/8" TUBE FRAME
4"x4"x1/4" TUBE POSTS
PREMIUM AKZONOBEL EFX SATIN PAINT FINISH
- D FOUNDATION:** CONCRETE FOUNDATIONS
POSTS DIRECT EMBEDDED

PAINT COLOR DETAIL

- ☒ BLACK
- ☐ TBD BEIGE TO MATCH BUILDING

CUSTOMER INFORMATION

ENDLESS OPTIONS
EXTERIOR SIGN
222 E DAVIS AVENUE PO BOX 248

SALESPERSON

BRAD PISTEL

ARTIST

BRIAN LEHMAN

JOB#

519489

FILE NAME

POST & PANEL

VERSION

04

PAGE

1

DATE

06.20.2025

CUSTOMER DESIGN APPROVAL

SIGNATURE:

DATE:

CONTRACT NOTICE

THE SIGNAGE HAS BEEN DESIGNED AND MANUFACTURED BY ENDLESS OPTIONS INC. IT IS THE PROPERTY OF ENDLESS OPTIONS INC. AND IS NOT TO BE REPRODUCED OR USED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF ENDLESS OPTIONS INC. ANY REPRODUCTION OR USE WITHOUT PERMISSION IS STRICTLY PROHIBITED AND WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

DISCLAIMER

THE SIGNAGE IS A COMPUTER GENERATED RENDERING AND IS NOT A REPRESENTATION OF THE FINAL PRODUCT. THE FINAL PRODUCT MAY VARY FROM THE RENDERING DUE TO VARIOUS FACTORS INCLUDING BUT NOT LIMITED TO: MATERIALS, MANUFACTURING TOLERANCES, AND WEATHERING. THE SIGNAGE IS NOT TO BE USED FOR ANY PURPOSES OTHER THAN THE ONE FOR WHICH IT WAS DESIGNED.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2025

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).

PRODUCER Town & Country Insurance 1718 W 16th Sedalia, MO 65301	CONTACT NAME: Dayhna Barnett	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 660-827-5315	E-MAIL ADDRESS: dayhna@tcimo.com	
INSURED IMPACT SIGNS AWNINGS WRAPS INC 100 Curry Drive SEDALIA, MO 65301	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Owners Mutual Insurance Co.		32700
	INSURER B: Auto Owners Insurance Co.		18988
	INSURER C: Missouri Employers Mutual Insurance Company		10191
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT LOC OTHER:		75291752	01/15/2025	01/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		4829175203	01/15/2025	01/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE: DED <input checked="" type="checkbox"/> RETENTION \$ 10000		5024347800	01/15/2025	01/15/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N : N/A	MEM2019260	01/26/2025	01/26/2026	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	INLAND MARINE		75291752	01/15/2025	01/15/2026	INSTALLATION FLTR 100,000
A	INLAND MARINE - EQUIPMENT		75291752	01/15/2025	01/15/2026	RENTED / BORROWE 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Fayette
117 S. Main Street
Fayette, MO 65248

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dayhna Barnett

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APPLICATION FOR BUILDING PERMIT

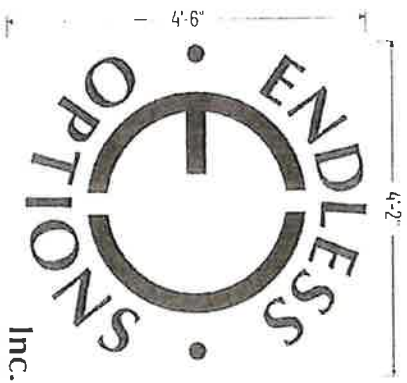
This application must be completed in its entirety before a permit can be issued.

STREET ADDRESS:		COST ESTIMATE: \$ 2400		PERMIT #:		DATE: 7/30/25	
TYPE OF BUILDING: COMMERCIAL		NUMBER OF FLOORS: 1 1/2		PROPERTY USE: Commercial		ZONING: B1	
						FLOOD ZONE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DESCRIPTION OF WORK: NEW SIGN - FEE RENDERING							
CONTRACTOR: IMPACT SIGNS, AWNINGS, WRAPS, INC.				BUILDING OWNER: ENDLESS OPTIONS			
ADDRESS: 100 CURRY DRIVE				ADDRESS: 122 S. MAIN ST.			
CITY, STATE, ZIP: JEDAH, MO 65301				CITY, STATE, ZIP: FAYETTE, MO 65248			
PHONE NUMBER: (660) 829-4800				PHONE NUMBER: (660) 888-5751			
LEGAL DESCRIPTION:				YARD SET BACK FROM LOT LINE:			
LOT:				FRONT:			
BLOCK:				SIDES:			
SUBDIVISION:				REAR:			
SIZE OF BUILDING:		NUMBER OF ROOMS:		TOTAL HEIGHT:		TYPE OF HEAT:	
						TYPE OF ROOF:	
						TYPE OF FOUNDATION:	

I hereby acknowledge that I read this application and state that the above is correct and I agree to comply with the city ordinances and state laws, regulating building construction. I understand that a certificate of occupancy must be issued before the building is occupied.

CONTRACTOR/OWNER SIGNATURE

APPROVED BY



SIGN TYPE

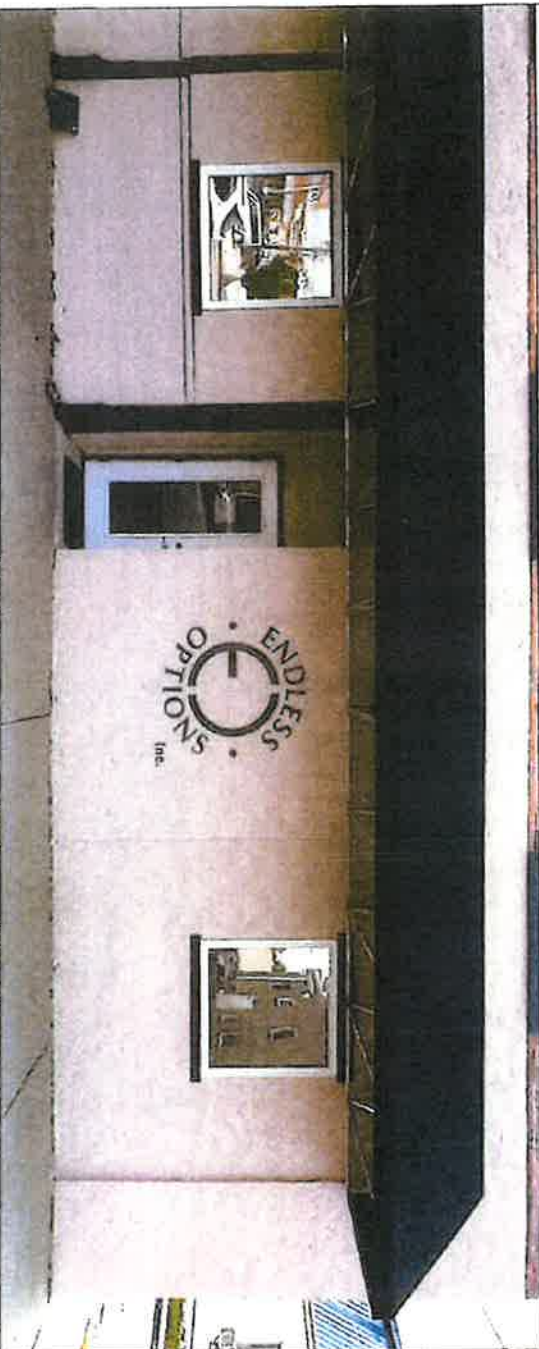
FCD WALL SIGN
NON-ILLUMINATED

MATERIALS

- A FCD: FLAT CUT OUT LETTERS
250" ALUMINUM - CNC ROUTER CUT TO SHAPE
PREMIUM AKZONOBEL FFX SATIN PAINT FINISH
FLUSH STUD MOUNTED TO BUILDING

PAINT COLOR DETAIL

● BLACK



CUSTOMER INFORMATION

ENDLESS OPTIONS
EXTERIOR SIGN
122 S MAIN ST FAYETTE MO 65248

SALESPERSON BRAD PISTEL

CUSTOMER DESIGN APPROVAL

SIGNATURE:

DATE:

ARTIST BRIAN LEHMAN

JOB# 519386

COPYRIGHT NOTICE

FOR REMOTE DESIGNER: ENDLESS OPTION INC. IS THE REGISTERED OWNER OF THE TRADE DRESS AND DESIGN OF THE SIGN. ANY REPRODUCTION OR USE OF THE SIGN WITHOUT THE WRITTEN PERMISSION OF ENDLESS OPTION INC. IS PROHIBITED. THE SIGN IS THE PROPERTY OF ENDLESS OPTION INC. AND SHALL REMAIN THE PROPERTY OF ENDLESS OPTION INC. AT ALL TIMES.

FILE NAME WALL FCD

DISCLAIMER

THE DESIGN & CONSTRUCTION OF THE SIGN IS THE RESPONSIBILITY OF THE CUSTOMER. ENDLESS OPTION INC. IS NOT RESPONSIBLE FOR ANY DAMAGE TO THE SIGN OR THE BUILDING DUE TO IMPROPER INSTALLATION OR MAINTENANCE. THE SIGN IS THE PROPERTY OF ENDLESS OPTION INC. AND SHALL REMAIN THE PROPERTY OF ENDLESS OPTION INC. AT ALL TIMES.





APPLICATION FOR BUILDING PERMIT

This application must be completed in its entirety before a permit can be issued.

STREET ADDRESS:	COST ESTIMATE: \$ 3000	PERMIT #:	DATE: 7/31/25
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TYPE OF BUILDING: Commercial	NUMBER OF FLOORS: NA	PROPERTY USE: Commercial	ZONING: B1	FLOOD ZONE YES <input checked="" type="checkbox"/> NO
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DESCRIPTION OF WORK: New sign - see rendering
--

CONTRACTOR: IMPACT SIGNS, AWNINGS, WRAPS, INC.	BUILDING OWNER: THE ARTIST
---	-------------------------------

ADDRESS: 100 CURRY DRIVE	ADDRESS: 201 N. MAIN ST.
-----------------------------	-----------------------------

CITY, STATE, ZIP: FEDERAL, MO 65301	CITY, STATE, ZIP: FAYETTE, MO 65248
--	--

PHONE NUMBER: (660) 829-4800	PHONE NUMBER: (660) 888-5751
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LEGAL DESCRIPTION:	YARD SET-BACK FROM LOT LINE:
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LOT:	FRONT:
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BLOCK:	SIDES:
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SUBDIVISION:	REAR:
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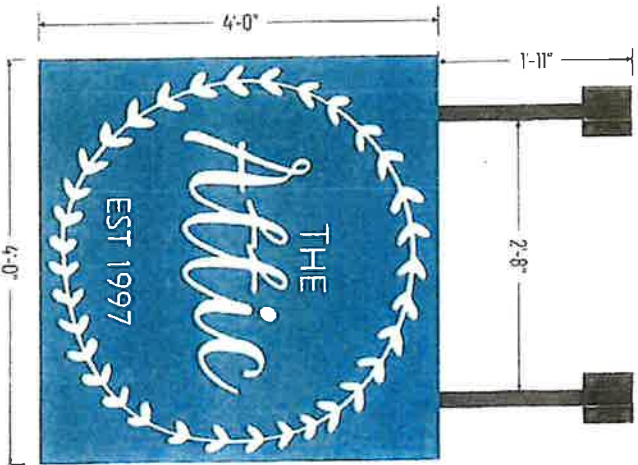
SIZE OF BUILDING:	NUMBER OF ROOMS:	TOTAL HEIGHT:	TYPE OF HEAT:	TYPE OF ROOF:	TYPE OF FOUNDATION:
-------------------	------------------	---------------	---------------	---------------	---------------------

I hereby acknowledge that I read this application and state that the above is correct and I agree to comply with the city ordinances and state laws, regulating building construction. I understand that a certificate of occupancy must be issued before the building is occupied.

CONTRACTOR/OWNER SIGNATURE

APPROVED BY

NOT FOR PRODUCTION



SIGN TYPE

WALL SIGN
NON-ILLUMINATED
HANGING PAN SIGN

MATERIALS

- A. PAN SIGN:** ALL ALUMINUM CONSTRUCTION
3/32" FACE & BACK SKIN
2" SQUARE TUBE FRAMING RETURNS
PREMIUM AKZONOBEL EFX SATIN PAINT FINISH
- B. GRAPHICS:** 3M DPAQUE VINYL
DIGITALLY PLOTTER CUT TO SHAPE
APPLIED FIRST SURFACE TO SIGN FACES
- C. MOUNTING FRAME:** 2" ALUMINUM SQUARE TUBE
1/4" MOUNTING PLATES
MECHANICALLY FASTENED TO WALL
PREMIUM AKZONOBEL EFX SATIN PAINT FINISH

VINYL COLOR DETAIL

☐ 3M 7725-10 WHITE

COLOR DETAIL

- ☒ AKZONOBEL LIGHT PARADE : 4466 271/468
- ☐ BLACK

CUSTOMER INFORMATION

THE ATTIC
HANGING PAN SIGN
201 N MAIN ST
FAYETTE MO 65248

SPECIFICATION

BRAD PISTEL

ARTIST

BRIAN LEHMAN

FILENAME

EXTENSION SIGN

CUSTOMER DESIGN APPROVAL

SIGNATURE:

DATE:

COPYRIGHT NOTICE

THE DRAWING AND DESIGN CONCEPT OF THIS SIGN ARE THE PROPERTY OF THE ARTIST. THE ARTIST IS NOT RESPONSIBLE FOR THE CLIENT'S DESIGN OR THE CLIENT'S DESIGN. THE ARTIST IS NOT RESPONSIBLE FOR THE CLIENT'S DESIGN OR THE CLIENT'S DESIGN. THE ARTIST IS NOT RESPONSIBLE FOR THE CLIENT'S DESIGN OR THE CLIENT'S DESIGN.

DISCLAIMER

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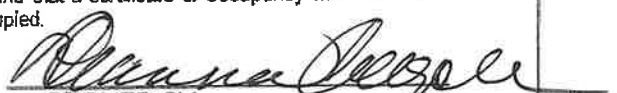
APPLICATION FOR BUILDING PERMIT

This application must be completed in its entirety before a permit can be issued.

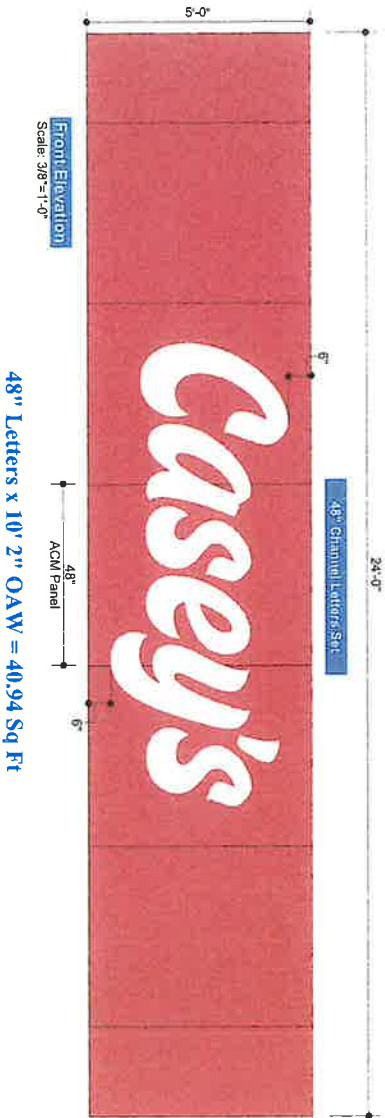
STREET ADDRESS: 200 S Church St.		COST ESTIMATE: \$ 17,000.00		PERMIT #:		DATE:	
TYPE OF BUILDING: Commercial	NUMBER OF FLOORS: 1	PROPERTY USE: Gas / Convenience	ZONING: B-3	FLOOD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF WORK: <u>New "Casey's" letters on front and left walls of convenience store, Resurface gas canopy facades w/ routed "Casey's" left and right, & REFACE existing Main ID Pole Sign</u>							
CONTRACTOR: Allen Industries INC				BUILDING OWNER: Casey's Marketing Company			
ADDRESS: 6434 Burnt Poplar Rd				ADDRESS: PO Box 54288			
CITY, STATE, ZIP: Greensboro, NC 27409				CITY, STATE, ZIP: Lexington, KY 40555			
PHONE NUMBER: (336) 799-4670				PHONE NUMBER: (336) 799-4670			
LEGAL DESCRIPTION:				YARD SET BACK FROM LOT LINE:			
LOT:				FRONT: Existing			
BLOCK:				SIDES:			
SUBDIVISION:				REAR:			
SIZE OF BUILDING:	NUMBER OF ROOMS: 1	TOTAL HEIGHT: 18' 0"	TYPE OF HEAT: NA	TYPE OF ROOF: NA	TYPE OF FOUNDATION: Existing		

I hereby acknowledge that I read this application and state that the above is correct and I agree to comply with the city ordinances and state laws, regulating building construction. I understand that a certificate of occupancy must be issued before the building is occupied.


CONTRACTOR/OWNER SIGNATURE


APPROVED BY

EXISTING BUILDING
LENGTH: 33'-0"
EXISTING FASCIA BAND HEIGHT: 93"



- GENERAL MATERIALS**
- QTY (1) 48" CASEY'S CHANNEL LETTERS
- QTY (3) ALPOLIC BTR PANELS
- ** ACM PANEL SIZE: 51" x 154"
- NOTE: ALL NECESSARY HARDWARE TO BE PROVIDED BY INSTALLER WITH APPROVAL FROM ALLEN IND.**

SCOPE OF WORK

REMOVE EXISTING CHANNEL LETTERS / SIGNAGE

INSTALL NEW 48" CASEY'S CHANNEL LETTERS ON NEW BTR ACM BACKER TO COVER EXISTING SIGNAGE LOCATION

Allen Industries
YOUR BRAND AT ITS BEST™
1-800-967-2553
www.allenindustries.com

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Client: Casey's General Store #2891
Address: 200 S Church St. Fayette, MO

Date	Revision	By	Page	Date	Description	Drawn	Client Review Status
06/01/25	E24796	J	4 of 6	07/02/25	Updated per mark up	RS	Allen Industries, Inc. requires that an approved drawing be obtained from the client prior to any production release or production release revision.
CGS-E24796_Fayette, MO_102				07/08/25	Updated per mark up	RS	
Sales House	Design RS	PM KR					Client Signature Approval Date

Gable Building - Left Side
Scope of Work



Proposed Elevation 33' 0" OAW Elevation



South Church Street Facing Elevation

THIS RENDERING IS INTENDED FOR DEPICTION OF GENERAL LAYOUT & POSITION.
ACTUAL RELATIVE SIZE, COLOR AND POSITION MAY VARY FROM IMAGE.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2025

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).

PRODUCER
Scott Insurance
400 Bellemeade Street, Suite 201
Greensboro NC 27401

CONTACT NAME: Phoebe Azar
PHONE (A/C, No, Ext): 336-510-0093 FAX (A/C, No): 434-455-8912
E-MAIL ADDRESS: Pazar@scottins.com

INSURED
Allen Industries of NC, Inc
11351 49th Street North
Clearwater, FL 33762

ALLEN14

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Travelers Property Casualty Company of America (A+)	25674
INSURER B: Zurich American Insurance Company (A+)	16535
INSURER C: Berkley Insurance Comp (A+)	32603
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 905477971

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		GLO3433291-19	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000		BAP3433292-19	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ MCS 90 For \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUP-A0914850-24-NF	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Prods/CO Aggregate \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	WC3433290-19	10/1/2024	10/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Inland Marine		MIM 1015060-58	4/17/2025	4/17/2026	Leased Equipment Installation 500,000 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Warsaw MO is an additional insured as respects General Liability if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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