

**APPLICATION FOR RETAIL ALCOHOLIC LIQUOR FOR CONSUMPTION ON THE LICENSED PREMISES
WHICH MAY BE OPEN TO THE PUBLIC**

To make application, the applicant must hold a valid Kansas Drinking Establishment License, and the following information must be provided:

1. Name of Applicant: Cloverleaf Holdings LLC dba Idle Hour
2. Address of Applicant: PO Box 424
3. Age of Applicant: 4
4. Place & Date of Birth: N/A
5. Name and Address of Premises where liquor is sold:
Idle Hour 125 E main st Anthony KS 67003
6. If the applicant is a corporation, the name and address of the registered agent:
Britt Whealy PO Box 424 Anthony, KS 67003
7. If Applicant is a partnership, the name and address of each partner:

8. Is the applicant a United States Citizen? ☒ YES ☐ NO
9. Length of Applicant's residence in the State of Kansas, and in Harper County:
50 yrs
10. Has the applicant been convicted of a felony within the two years immediately preceding the date of this application? YES ☒ NO
11. Has the applicant been convicted of a crime involving moral turpitude within the two years immediately preceding the date of this application? YES ☒ NO
12. Has the applicant been adjudged guilty of drunkenness within the two years immediately preceding the date of this application? YES ☒ NO
13. Has the applicant been adjudged guilty or entered a plea, or forfeited bond on a charge of driving a motor vehicle while under the influence of intoxicating liquors with the two years immediately preceding the date of this application? YES ☒ NO
14. Has the applicant been convicted of a violation of any state or federal intoxicating liquor law within the two years immediately preceding the date of this application? YES ☒ NO
15. Does the applicant presently hold any other liquor license? ☒ YES ☐ NO
16. Has the applicant's license ever been revoked or suspended? YES ☒ NO
17. Does the applicant have a current Kansas State Drinking Establishment License? ☒ YES ☐ NO
 - a. Expiration date: 8/24/25

18. Does the applicant own the licensed premises? YES NO

a. If not the owner, please provide a lease or contract to show the date and term of such (non-pertinent information may be redacted).


19. Is the applicant's business conducted by a manager or agent? YES NO

a. Name, age and address of the manager/agent:

20. Do all owners, managers, and/or persons serving or dispensing alcoholic beverages and/or mixed or combinations of alcoholic beverages and other ingredients, meet the requirements of the Liquor Control Act and amendments thereto, except as to ownership requirements for waiters, waitresses, bartenders and other employees? YES NO

This application must be accompanied with the biennial fee of \$500.00. This license is effective for 2 years commencing on the date the Kansas Drinking Establishment License is issued by the State Director of Alcoholic Beverage Control and shall end 2 years thereafter, unless otherwise terminated.

I, Britt Whealy, the above named applicant, hereby agree to comply with all the laws of the State of Kansas, and all rules and regulations prescribed by you, and hereafter to be prescribed by you, relating to retail of alcoholic liquor for consumption on the licensed premises which may be open to the public, and do hereby agree to purchase all alcoholic liquor from a wholesaler licensed and bonded under the laws of the State of Kansas, and do hereby further consent to the immediate revocation of my cereal malt beverage license, by the proper officials, for the violation of such laws, rules, or regulations.


Applicant's Signature

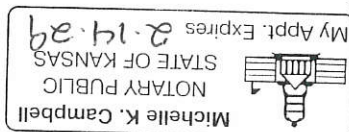
8/14/25
Date

STATE OF KANSAS, COUNTY OF HARPER, ss.

I, Britt Whealy, the above-named applicant, do solemnly swear that I have read the contents of this application, and that all information and answers herein contained are complete and true, so help me God.


Applicant Signature

SUBSCRIBED AND SWORN TO before me this 14th day of August, 2025.



Michelle K Campbell
Character of Official administering oath

My commission expires on the 14th day of February, 2029.

APPLICATION APPROVED this _____ day of _____, _____ by Cyndra Kastens, the City of Anthony Administrator/Clerk.

Signature of Approving Official

**Kansas Alcoholic Beverage Control Division
Liquor License**

Drinking Establishment

OWNER NAME: Cloverleaf Holding LLC

DBA: Idle Hour

**ADDRESS: 125 E Main Street
Anthony, KS 67003**

LICENSE NO: 12587

The licensee named above has been granted a liquor license by the Kansas Department of Revenue, Alcoholic Beverage Control Division. This license is neither transferable nor assignable and is subject to suspension or revocation.

PRIVILEGES:

Allows the licensee to sell and serve alcoholic liquor and cereal malt beverage for consumption on licensed premises; serve free samples of alcoholic liquor and cereal malt beverage; redeem drink coupons in arrangement with a hotel; and other activities as authorized by K.S.A. 41-2642.

AGREEMENT:

By accepting this license, the licensee agrees to conduct business in compliance with all applicable federal, state, county and city statutes and regulations.

Debbi Beavers

Debbi Beavers
Director, Alcoholic Beverage Control

Mark A. Burghart

Mark A. Burghart
Secretary of Revenue

EFFECTIVE: 08/25/2025

EXPIRES: 08/24/2027

THIS LICENSE MUST BE FRAMED AND POSTED ON THE PREMISES IN A CONSPICUOUS PLACE

IMPORTANT INFORMATION

Contact the ABC Licensing Unit at 785-296-7015 or email Kdor_abc.licensing@ks.gov if you have any:

- questions regarding this license
- changes to your business name, location, ownership or officers
- questions about filing gallonage tax; if applicable

Contact your local ABC Enforcement Agent at 785-296-7015 or visit our website at <http://www.ksrevenue.gov/abccontact.html>

Contact the Miscellaneous Tax Segment at 785-368-8222 or email Kdor_miscellaneous.tax@ks.gov if you:

- need assistance with liquor drink or liquor enforcement taxes
- have questions about liquor drink tax bonds, bond relief or bond release

CLOSING YOUR BUSINESS

If you are closing your business, you must surrender your liquor license and complete the form at <https://www.ksrevenue.gov/pdf/abc824.pdf>