

LIQUOR LICENSE APPLICATION



www.wichita.gov

State License No _____

Expiration Date _____

Allow 30 days for Approval

CITY LICENSING
455 N. Main, 1st Floor
Wichita, KS 67202
(316) 268-4553

Select: _____ New _____ Renewal _____ New Owner

Type of Business: _____ Individual _____ Corporation _____ LLC _____ Partnership _____ LLP, Trust or Other

Check one- Yearly fee \$250.00, temporary fee \$80.00 per day.

- | | |
|--|--|
| <p>_____ Drinking Establishment</p> <p>_____ Drinking Establishment/Restaurant (more than 30% food)</p> <p>_____ Drinking Establishment/Restaurant/Event center</p> <p>_____ Drinking Establishment/Restaurant/Caterer</p> <p>_____ Drinking Establishment/Caterer</p> <p>_____ Temporary Permits (maximum 3 consecutive days; 4 times per year)</p> | <p>_____ Drinking Establishment/Entire Hotel</p> <p>_____ Drinking Establishment/Hotel/Caterer</p> <p>_____ Private Club Class A (Non-Profit): Social/Fraternal/Vets</p> <p>_____ Private Club Class B (Profit)</p> <p>_____ Caterer</p> |
|--|--|
- Is Temporary Permit for a Temporary Entertainment District? Yes No

SECTION 1. LICENSE APPLICATION INFORMATION – All correspondence regarding the license will be mailed to this address.

Business Entity Name		Contact Person	
Business Mailing Address			
City	County	State	Zip Code
Business Phone No.		Email Address	

LOCATION INFORMATION:

Location DBA Name			
Location Street Address			
City	County	State	Zip Code
Business Phone No.		Email Address	

SECTION 2. BUSINESS OWNERSHIP INFORMATION – The following information must be provided on the applicant(s); individual owners; partners; all officers and directors (if a corporation or LLC); and anyone with financial interest, AND the spouses of all submitted persons. (Attach additional pages as necessary). The percentage(s) of ownership must total 100%.

Please use the first box for applicant.

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

SECTION 2. BUSINESS OWNERSHIP INFORMATION CONTINUED

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used		Maiden Name			
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used		Maiden Name			
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

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Other Names Used		Maiden Name			
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used		Maiden Name			
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

SECTION 3. APPOINTMENT OF PROCESS AGENT WITH POWER OF ATTORNEY – Required for LLC and Corporations

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used		Maiden Name			
Social Security No.	Driver's License No.	State KS	% Ownership	Position	Marital Status
Address	City	State KS	County	Zip Code	Daytime Phone

PROCESS AGENT SPOUSAL INFORMATION:

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used		Maiden Name			
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

SECTION 4. BACKGROUND QUALIFICATIONS – If the answer to any question is yes, provide explanation on separate page and attach to your application.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Has any person listed in Sections 2 and 3 been convicted of a felony in Kansas or in any other state, or under federal law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Has any person listed in Sections 2 and 3 been convicted of a morals charge (prostitution; procuring any person; solicitation of a child under 18 for immoral act involving sex; possession or sale of narcotics, marijuana, amphetamines or barbiturates; rape; incest; gambling; adultery; or bigamy) in Kansas or any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Has any person listed in Sections 2 and 3 had an alcoholic liquor or cereal malt beverage license revoked in Kansas or in any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is any person listed in Sections 2 and 3 currently a law enforcement officer or a non-elected official who supervises or appoints any law enforcement officer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Does any person listed in Sections 2 and 3 not meet the Kansas residency requirement for the type of license applied for? (1 Year – Class A & B Club, Drinking Establishment) If so, please explain: _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Has any person in Sections 2 and 3 been a citizen of the United States for less than 10 years? If so, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5. BUSINESS ENTITY INFORMATION

Is your **Corporation, Partnership, LLC or LLP** in good standing with the Kansas Secretary of State? Yes No N/A

Check one of the following business entity types:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Individual – Is the applicant a resident of Kansas?
Is the applicant a resident of Sedgwick County, Kansas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Corporation – Is the corporation organized (incorporated) in Kansas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Partnership – Do all partners live in Sedgwick County, Kansas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LLC – Is the LLC organized under the laws of the State of Kansas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Government – Type (check one): <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal | | | | |
| <input type="checkbox"/> LLP, Trust or Other | | | | |

SECTION 6. PREMISE(S) INFORMATION

Does the applicant own the proposed location?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have a purchase agreement for the proposed location?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant lease the proposed location?	<input type="checkbox"/>	<input type="checkbox"/>
Is the lease valid for at least ¾ of the license year?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7. PRIMARY CONTACT PERSON TO WHOM THE CITY WILL DIRECT INQUIRIES

Last Name	First Name	Middle Name	Position
City			State
Daytime Phone		Email Address	
		Zip Code	

SECTION 8. APPLICATION OATH

Under penalties of perjury, I, _____ (state name), declare the information in this application and all required documents represents a true, accurate and complete disclosure of information.

I consent and agree that any member of the Police Department or Fire Department, as well as other code enforcement or health officers of the City may, at any time, enter and inspect any part of such premises. I shall provide an updated list of all on-site managers to Licensing within ten (10) business days from the date any manager is no longer employed by the licensee or when any new manager is hired by the licensee. I am familiar with the contents of Chapter 4.16 of the City Code pertaining to persons ineligible to obtain the license herein applied for, and understand that the same applies to me and further, I affirmatively state neither I nor any other person having an interest in this business are ineligible to receive a license under its terms.

I hereby authorize disclosure and investigation of my financial records, including those held by third parties, to duly authorized agents of the City of Wichita as necessary to determine qualification for licensure. I also authorize the City of Wichita to send communications to the email address provided on this form. Furthermore, if a Corporation or LLC, I appoint the Process Agent with Power of Attorney identified in Section 3, who is a United States citizen and a Kansas resident, upon whom process may be served in any action brought against it.

Furthermore, I hereby agree by signing this oath to comply with all of the laws of the State of Kansas and all rules and regulations prescribed by the City of Wichita and I understand that my liquor license is subject to suspension or revocation by the proper officials for any violation of such law, rules or regulations.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Police Admin			
Police Vice			
Police Records			
OCI - Fire			
City License Number		Date	Released

LIQUOR LICENSE APPLICATION

DRINKING ESTABLISHMENT (DE)/ DRINKING ESTABLISHMENT RESTAURANT (DER) CHECKLIST

You must complete this checklist and submit it with your application in order for your application to be approved.

1. BUSINESS PLAN

- a. List Day/Hours of Operation _____
- b. Proposed Forms of Entertainment _____
- c. Complete list of owners in Section 2 of the Application.
- d. Attach the On-Site Manager Information Form. Manager information shall also be updated by using this same form. Updates are required to be submitted to the City License section within 10 business days from the date any manager is no longer employed by the licensee or when any new manager is hired by the licensee. Any manager subsequently hired by the licensee is required to attend the "Safe Bar" class within 45 days of the manager's date of employment with the licensee.
- e. Attach a copy of insurance coverage information.
- f. Attach a copy of any lease or purchase agreement for the licensed premises and complete Section 6 of the Application.
- g. Attach a floor plan (8 ½" x 11" only size accepted) of the licensed premises and a site plan showing the location of parking spaces as required by the Unified Zoning Code of the City.
- h. Attach a food menu as required (DER only).
- i. Attach a statement of monthly projected income as required (DER only).
- j. Attach copies of vendor letters of intent as required (DER only).

2. Attach a copy of the completed coversheet from the CPTED (Crime Prevention Through Environmental Design) Inspection provided by the Wichita Police Department. To schedule a CPTED Inspection, contact your Community Policing Officer at your local Police Substation. If the business has already had the CPTED inspection, then it is in the Police Department's database and the business does not need a new CPTED or to send a copy of the form. For copies of lost/misplaced CPTED Inspection Reports, contact your Community Policing Officer at your local Police Substation or Special Investigations.

Patrol North	(316) 350-3400
Patrol East	(316) 350-3420
Patrol South	(316) 350-3440
Patrol West	(316) 350-3460
Special Investigations	(316) 268-4280

3. For questions regarding completion of application, you may contact City of Wichita Licensing at (316) 268-4553, or the Wichita Police Department Special Investigations Section at (316) 268-4280.