



**ADULT ENTERTAINMENT/HOTEL  
LICENSE APPLICATION**

**Fee: \$100.00 per year**

CITY LICENSE  
(316) 268-4553  
[www.wichita.gov](http://www.wichita.gov)

New \_\_\_\_\_  
Renewal \_\_\_\_\_

Adult Entertainment \_\_\_\_\_  
Adult Hotel \_\_\_\_\_

**BUSINESS INFORMATION**

NAME				PHONE			
OWNER OF PREMISES						ZIP	
ADDRESS						ZIP	
MAILING ADDRESS/ ZIP				HRS & DAYS OF OPERATIONS			

**APPLICANT INFORMATION** ( must be completed by person whose signature appears at bottom of application):

NAME				ALIAS/MAIDEN NAME			
RESIDENTIAL ADDRESS						ZIP	
LENGTH OF RESIDENCY:	KANSAS			SEDGWICK COUNTY			
HOME PHONE			DATE OF BIRTH			RACE	GENDER
EMAIL							

**CORPORATION** (IF APPLICABLE): Please provide the following information for all officers, directors, and each stockholder holding more than 5% of stock in the corporation. If more space is needed, use blank sheets to answer each question.

NAME				ALIAS/MAIDEN NAME			
RESIDENTIAL ADDRESS						ZIP	
LENGTH OF RESIDENCY:	KANSAS			SEDGWICK COUNTY			
HOME PHONE			DATE OF BIRTH			RACE	GENDER

**PARTNERSHIP** (IF APPLICABLE): Complete the following information for each partner, including all limited partners. If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership. If one of the partners is a corporation, complete the Corporation section above. For more space use a blank sheet to answer each question.

NAME				ALIAS/MAIDEN NAME			
RESIDENTIAL ADDRESS						ZIP	
LENGTH OF RESIDENCY:	KANSAS			SEDGWICK COUNTY			
HOME PHONE			DATE OF BIRTH			RACE	GENDER

**MANAGER INFORMATION** (if different from the applicant)

NAME				ALIAS/MAIDEN NAME			
RESIDENTIAL ADDRESS						ZIP	
LENGTH OF RESIDENCY:	KANSAS			SEDGWICK COUNTY			
HOME PHONE			DATE OF BIRTH			RACE	GENDER

**ALL PERSONS LISTED ON THIS APPLICATION OR ON SUBSEQUENT ATTACHMENTS MUST ANSWER THE FOLLOWING QUESTION:**

Within five years prior to the date of submitting this application, have any of the persons listed above or on subsequent pages been adjudged guilty, placed on diversion, pled nolo contendere to felony or any crime involving moral turpitude? \_\_\_\_\_ YES \_\_\_\_\_ NO

I, \_\_\_\_\_, 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. Furthermore, I hereby agree to comply with all laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules or regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public  
My appointment expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**FOR OFFICIAL USE ONLY**

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE