

**ENTERTAINMENT ESTABLISHMENT APPLICATION  
INDIVIDUAL OR SOLE PROPRIETORSHIP**

*Allow 30 days for Approval*



[www.wichita.gov](http://www.wichita.gov)

CITY LICENSE  
455 N. Main, 1<sup>st</sup> Floor  
Wichita, KS 67202  
(316) 268-4553

Select: New \_\_\_\_\_ Renewal \_\_\_\_\_ New Owner \_\_\_\_\_

**Check only one per application:** \_\_\_\_\_ Entertainment Establishment \_\_\_\_\_ Teen Club \_\_\_\_\_ Coffee Shop, Art Gallery, Music Shop

\_\_\_\_\_ One day, \$25.00                      Date: \_\_\_\_\_                      \_\_\_\_\_ Occupancy  
 \_\_\_\_\_ One month or less, \$100.00      Date: \_\_\_\_\_                      \_\_\_\_\_ Located in Old Town Ent. Dist.  
 \_\_\_\_\_ Six months or less, \$275.00      Date: \_\_\_\_\_  
 \_\_\_\_\_ One year or less, \$400.00      Date: \_\_\_\_\_  
 \_\_\_\_\_ Coffee Shop One year \$50.00      Date: \_\_\_\_\_

**I. BUSINESS INFORMATION – ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS:**

Business Name		Phone	
Address		Zip	
Mailing Address		Zip	

**II. APPLICANT INFORMATION:**

Name		Social Security Number	
Address		Zip	
Email			
Applicant DOB		Phone during 8:00 – 5:00	
		Race	
		Gender	

**III. ESTABLISHMENT MANAGER AND/OR RESPONSIBLE PERSON INFORMATION – IF MORE THAN ONE MANAGER AND/OR RESPONSIBLE PERSON, LIST ON ADDITIONAL INFORMATION SHEET:**

Name		Social Security Number	
Address		Zip	
Manager DOB		Phone	
		Race	
		Gender	

**IV. PROPERTY OWNER & LESSEE OF PROPERTY ON WHICH THE BUSINESS IS LOCATED:**

Property Owner-Name		Phone Number	
Address		Zip	
Lessee of Property-Name		Phone	
		Lease Length	
Address		Zip	

V. FINANCIAL INFORMATION FOR ANY PERSONS HAVING FINANCIAL INTEREST OF ANY KIND IN THE BUSINESS MUST BE LISTED BELOW. PLEASE LIST ON SEPARATE SHEET IF NEEDED.

Name					Social Security Number		
Address						Zip	
Phone		DOB		Race		Gender	

**REQUIRED INFORMATION:**

1. List days and hours of operation: \_\_\_\_\_

2. Will cereal malt beverages or alcoholic liquor be sold to patrons? Circle YES NO

3. Describe the nature of entertainment that is to be provided? \_\_\_\_\_

4. Has the applicant ever had any license denied, revoked or suspended by the City of Wichita or the State of Kansas or any other governmental entity? Circle YES NO

If so, state the reason therefor and the business activity or occupation of the individual subsequent to such suspension, revocation or denial? \_\_\_\_\_

**REQUIRED INFORMATION FOR ALL "ENTERTAINMENT ESTABLISHMENTS"**

**In compliance with Wichita City Ordinance 3.30.080 (subsection[s])**

1. A plan to insure that adequate traffic control, crowd protection and security will be maintained and that ages of patrons admitted to the establishment will be maintained; **(Provide In Full Detail – submit Attachment if necessary)**

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2. An emergency management plan, consisting of, but not limited to: fire evacuation, storm shelter provisions, patron crowd control, and emergency access for police, fire and ambulance; **(Provide In Full Detail – submit Attachment if necessary)**

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3. The name of the private security agency, if any, to be employed to provide security for the club or entertainment establishment **(Including number of security employees; armed / unarmed)**

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4. Detailed plans and drawing of the teen club or entertainment establishment and adjoining areas indicating the dance floor, the waiting area for persons seeking admission, the parking areas, all restrooms, coat rooms, game rooms and all other spaces accessible by patrons and all interior and exterior doors and windows, and all sources of exterior lighting **(Provide Fully Detailed Attachment)**

**NOTE: Violation of this Ordinance or its subsections could result in criminal prosecution. Failure to provide adequately detailed required may result in extended application review time and/or denial of application.**

**REQUIRED ADDITIONAL INFORMATION FOR APPLICATIONS FOR ALL “ENTERTAINMENT ESTABLISHMENTS” LOCATED IN THE “OLD TOWN ENTERTAINMENT DISTRICT” ONLY**

1. In addition to the requirements set forth above, all entertainment establishments located within the Old Town Entertainment District shall submit a written safety plan on a form developed and approved by the Chief of Police, which at a minimum, includes the following:

- (a) The number and location of personnel responsible for crowd management;  
**(Provide In Full Detail – submit Attachment if necessary including the identification of respective personnel and what their responsibilities are; number of employees and where they will be assigned, etc.)**

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- (b) The occupancy load of the establishment: as determined by WFD, average patron attendance, and the type of entertainment events held at the establishment;

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- (c) The establishment’s written identification checking and patron search procedures;  
**(Provide In Full Detail – submit Attachment if necessary)**

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- (d) The establishment’s written procedures for insuring that only persons twenty one (21) years or older are served alcohol; **(Provide In Full Detail)**

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- (e) The establishment’s written procedures for handling violent or criminal incidents and other emergencies and its notification procedures of the Wichita Police or Fire Departments regarding such incidents; **(Provide In Full Detail – submit Attachment if necessary)**

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- (f) The establishment's written procedures for crowd control and preventing overcrowding; **(Provide In Full Detail – submit Attachment if necessary)**

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- (g) A description of the training provided or completed by personnel including conflict de-escalation training;

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- (h) The establishment's written plan for maintaining order on areas adjacent to the licensed premises; **(Provide In Full Detail – submit Attachment if necessary)**

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- (i) Current contact information for the individual or position responsible for addressing safety, security and citizen or neighborhood complaints;

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**NOTE: Violation of this Ordinance or its subsections could result in criminal prosecution. Failure to provide adequately detailed required may result in extended application review time and/or denial of application.**

I, \_\_\_\_\_ (state name), the above named applicant for an entertainment establishment license, have read the contents of this application and hereby affirm and attest that all the information it contains is true and correct. 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 am familiar with the contents of Chapter 3.30 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. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas and all rules and regulations prescribed by you and I understand that my entertainment establishment license is subject to suspension or revocation by the proper officials for any violation of such law, rules or regulations.

I hereby certify that I have not within the last 10 years, been convicted of or placed on diversion for a felony.  
 I hereby certify that within the last 3 years, I have not been convicted of or placed on diversion for a misdemeanor involving:

- a. Laws pertaining to any controlled substances(s) prohibited by the Uniform controlled Substance Act, K.S.A. 65-4101 et seq. and amendments thereto;
- b. Laws pertaining to alcohol or cereal malt beverage;
- c. Prostitution;
- d. Public indecency;
- e. A sex crime or other person crime as defined by Chapter 21 of the Kansas Statutes Annotated;
- f. Any crime of violence or physical force;
- g. Any weapons charge; or
- h. Violations of this chapter, or Sections 3.08.030 or Chapter 3.28 of the Code of the City of Wichita.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

My appointment expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE

**USE FOR ADDITIONAL INFORMATION**

Name		Social Security Number	
Address			Zip
Phone	DOB	Race	Gender

Name		Social Security Number	
Address			Zip
Phone	DOB	Race	Gender

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Address			Zip
Phone	DOB	Race	Gender

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