



**HAUNTED HOUSES, HALLOWEEN HOUSES,
MYSTERY MANSIONS AND GHOST WALKS
LICENSE APPLICATION**

Submit at least 30 days prior to opening.

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

Date: _____

Check One: New _____ Renewal _____

Fee: _____ Temporary Haunted House, Indoor, \$100.00, September 1 – November 2, Dates Open: _____
 _____ Temporary Haunted Walk/Field, Outdoor, \$100.00, September 1 – November 2, Dates Open: _____
 _____ Permanent Haunted House, \$250.00, 12 months

No inspection fee shall be assessed for the initial annual inspection, or when the first re-inspection verifies corrections have been resolved. A \$50.00 inspection fee will be assessed for each subsequent inspection by the Office of Central Inspection or Fire Department.

SECTION I - BUSINESS INFORMATION:

Business Name		Phone during hours of operation	
Address		Zip Code	
Mailing Address		Zip Code	
Days Open		Business Hours	
Contact Person		Email Address	

SECTION II - BUILDING INFORMATION: Is the location of the building owned by the applicant? **Yes** ___ **No** ___
 If the answer to the question is "**NO**", complete the following information. If more than one owner, attach additional pages as necessary.

Property Owner's Name:	
Property Owner's Address:	
Property Owner's Phone:	

SECTION III - APPLICANT INFORMATION:

Name including middle name		Date of Birth	
Residential Address		Daytime Phone	
City/State/Zip		Phone during hours of operation	

MANAGER INFORMATION:

Name including middle name		Date of Birth	
Residential Address		Daytime Phone	
City/State/Zip		Phone during hours of operation	

SECTION IV. BUSINESS OWNERSHIP INFORMATION – The following information must be provided on the applicant(s); individual owners; all partners; all officers and directors (if a corporation or LLC); and anyone with financial interest that owns 25% or more of the stock of such corporation. (Attach additional pages as necessary). The percentage(s) of ownership must total 100%. **Please use the first box for applicant.**

Name including middle name		Phone	
City/State/Zip		% Ownership	

Name including middle name		Phone	
City/State/Zip		% Ownership	

Name including middle name		Phone	
City/State/Zip		% Ownership	

Name including middle name		Phone	
City/State/Zip		% Ownership	

A license shall be denied if one or more of the following conditions exist:

- Has any person listed on this application had a license denied, revoked or suspended by the City of Wichita or the State of Kansas or any other governmental entity? **Yes** ___ **No** ___
- Has any person listed on this application under Sections II, III and IV within the preceding ten years been convicted of a felony or placed on diversion or other crime for which the individual is required to register as a sex offender pursuant of K.S.A. 22-4901 or laws or statutes in other local, state or federal jurisdictions? **Yes** ___ **No** ___
- Has any person listed on this application under Sections II, III and IV within the preceding three years for conviction or diversion of a misdemeanor involving controlled substance(s), prostitution, public indecency, or a sex crime or other person crime as defined by Chapter 21 of the Kansas Statutes Annotated, or any weapons charge? **Yes** ___ **No** ___
- Is there any person listed on this application under the age of 18? **Yes** ___ **No** ___
- Has the applicant in the last two years violated the provisions of this Chapter or had a previous haunted house, indoor or haunted walk/field, outdoor license revoked for failure to comply with the term and conditions of the license or for violations of the ordinances of the City of Wichita? **Yes** ___ **No** ___

IF THE ANSWER TO ANY OF THE ABOVE MENTIONED QUESTIONS IS "**YES**", EXPLAIN **IN DETAIL** ON A SEPARATE SHEET OF PAPER.

- Does the applicant consent and agree that any member of the Office of Central Inspection and/or Police, Fire and/or Public Works & Utilities Departments may, at any time, enter and inspect any part of such premises? **Yes** ___ **No** ___

ATTACH THE FOLLOWING TO THE APPLICATION:

- ___ Written consent of the property owner;
- ___ Site and/or floor plan of all proposed indoor or outdoor permanent or temporary buildings, structures, facilities or property;
- ___ Plan for parking and restroom facilities;
- ___ Maximum occupant load of the buildings, facilities or areas;
- ___ Emergency management plan including fire and storm evacuation, patron crowd control and emergency access for police, fire and ambulance;
- ___ Detailed plans and drawings of the haunted house, indoor or haunted walk/field to include waiting area, parking areas, all restrooms, emergency exits and all other areas accessible by patrons.
- ___ Certificate of Liability Insurance

I hereby certify that I have read and am familiar with Chapter 3.22 of the Code of the City of Wichita and with the requirements thereof as they pertain to my license. Further, under penalty of perjury, I certify that all information provided is true and accurate to the best of my knowledge.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Police			
OCI			
Fire			
License Number		Date Issued	License Expiration