



**ADULT ENTERTAINMENT/HOTEL
LICENSE APPLICATION**

Fee: \$100.00 per year

CITY LICENSE
(316) 268-4553
www.wichita.gov

New _____
Renewal _____

Adult Entertainment _____
Adult Hotel _____

BUSINESS INFORMATION

NAME				PHONE		
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

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

	APPROVED	DISAPPROVED	DATE
POLICE VICE			
ENVIRONMENTAL SERVICES			
OCI/FIRE			
CITY MANAGER			
CITY COUNCIL			
LICENSE #	DATE	RELEASED	EXPIRATION