

ENTERTAINMENT ESTABLISHMENT APPLICATION CORPORATION OR LLC

Allow 30 days for Approval



CITY LICENSE
455 N. Main, 1st Floor
Wichita, KS 67202

(316) 268-4553

Select: New ___ Renewal ___ New Owner ___

Check only one per application: ___ Entertainment Establishment ___ Teen Club

___ One day, \$25.00 Date: _____
 ___ One month or less, \$100.00 Dates: _____
 ___ Six months or less, \$275.00 Dates: _____
 ___ One year or less, \$400.00 Dates: _____

I. BUSINESS INFORMATION FOR CORPORATE OR LLC APPLICANT:

Business Name (DBA)		Phone	
Address		Zip	
Mailing Address		Zip	

II. INDIVIDUAL SUBMITTING APPLICATION ON BEHALF OF CORPORATION OR LLC:

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

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	Sex

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. FOR CORPORATION OR LLC, COMPLETE THE FOLLOWING:

Corporate Name			
Name or Corporate Resident Agent			
Address of Corporate Resident			
Phone		Date of Incorporation	

VI. PROVIDE ALL OF THE INFORMATION LISTED BELOW FOR ANY OR ALL OF THE FOLLOWING CATEGORIES: A.) EACH OFFICER; B.) EACH DIRECTOR; C.) STOCKHOLDERS OR MEMBERS OWNING 25% OR MORE SHARES IN THE CORPORATION. USE ADDITIONAL INFORMATION SHEET IF NEEDED.

Name		Social Security Number	
Address		Zip	
Phone	DOB	Race	Sex

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. What is the maximum occupancy load of the building, facility or area? _____
4. Describe the nature of entertainment that is to be provided? _____

5. 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? _____

REQUIREMENTS:

- _____ Copy of 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.
- _____ Copy of 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 name of the private security agency, if any, to be employed to provide security for the club or entertainment establishment _____.
- _____ 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.

I hereby certify with regard to each of the persons contained in Items III. to VI. above, the following statements are true:

- a. None of them has, within the last 10 years, been convicted of or placed on diversion for a felony.
- b. None of them has, within the last 3years, been convicted of or placed on diversion for a misdemeanor involving:
 1. Laws pertaining to any controlled substances(s) prohibited by the Uniform controlled Substance Act, K.S.A. 65-4101 et seq. and amendments thereto;
 2. Laws pertaining to alcohol or cereal malt beverage;
 3. Prostitution;
 4. Public indecency;
 5. A sex crime or other person crime as defined by Chapter 21 of the Kansas Statutes Annotated;
 6. Any crime of violence or physical force;
 7. Any weapons charge; or
 8. Violations of this chapter, or Sections 3.08.030 or Chapter 3.28 of the Code of the City of Wichita.
- c. If any of the persons in Items III. to VI. above have been convicted of or placed on diversion for any of the above specified offenses, the details are set out hereinafter.

I, _____ (state name and position with the corporation), on behalf of the above-named applicant, hereby agree to comply with all laws of the State of Kansas and all rules and regulations prescribed, and hereafter to be prescribed by you, relating to the operation of an entertainment establishment. I solemnly swear that I have the requisite authority to act on behalf of said corporation or LLC in making this application and also in obligating said corporation or LLC to the terms and conditions of the entertainment establishment license. On behalf of the above-named applicant, 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. On behalf of the above-named applicant, I attest that I am familiar with the contents of Chapter 3.30 of the City Code pertaining to applicants ineligible to obtain the license herein applied for, and I understand that the same applies to the above-named applicant. Further, I affirmatively state that I know of no reason why the above-named applicant would be ineligible to receive a license under Chapter 3.30 of the City Code. Finally, I understand that the entertainment establishment license of the above-named applicant is subject to suspension or revocation by the proper officials for any violation of the laws, rules or regulations as mentioned herein.

(Corporate seal)

(Corporation)

By _____
(Signature and position of individual making application on behalf of corporation)

Attest:

(Secretary of Corporation)

Notary Public Dated this _____ day of _____, _____.

My appointment expires on the _____ day of _____, 20_____.

FOR OFFICIAL USE ONLY

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

USE FOR ADDITIONAL INFORMATION

Name		Social Security Number					
Address						Zip	
Phone		DOB		Race		Sex	

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Address						Zip	
Phone		DOB		Race		Sex	

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