ENTERTAINMENT ESTABLISHMENT APPLICATION
PARTNERSHIP, FIRM OR ASSOCIATION

Allow 30 days for Approval

www.wichita.gov

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 _____Coffee Shop, Art Gallery, Music Shop

_____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: _____
_____Coffee Shop One year $50.00 Dates: _____

I. BUSINESS INFORMATION FOR PARTNERSHIP, FIRM OR ASSOCIATION APPLICANT:

Business Name or (DBA)		Phone	
Address		Zip	
Mailing Address		Zip	

II. INDIVIDUAL SUBMITTING APPLICATION ON BEHALF OF PARTNERSHIP, FIRM OR ASSOCIATION:

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. PROVIDE ALL OF THE INFORMATION LISTED BELOW FOR ANY AND ALL PERSONS WHO MAKE UP THE PARTNERSHIP, FIRM OR ASSOCIATION MAKING APPLICATION FOR THIS LICENSE. USE ADDITIONAL INFORMATION SHEET, IF NEEDED:

Name				Social Security Number			
Address						Zip	
Phone		DOB		Race		Gender	

I hereby certify with regard to each of the persons contained in Items III. and V. 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. or V. above have been convicted of or placed on diversion for any of the above specified offenses, the details are set out hereinafter.

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, _____(State name), one of the partners ( ), association ( ), or firm members ( ), applying for an entertainment establishment license hereby agree to comply with all the 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 partnership, association or firm in making this application and also in obligating said partnership, association or firm to the terms and conditions of the entertainment establishment license. I further 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 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 herein. Further, I affirmatively state that I know of no reason why the applicant herein would be ineligible to receive a license under Chapter 3.30 of the City Code. Finally, I understand that the entertainment establishment license issued as a result of this application is subject to suspension or revocation by the proper officials for any violation of the laws, rules or regulations as mentioned herein.

_____ _____

(Signature and official position of individual making application) (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	

Name				Social Security Number			
Address						Zip	
Phone		DOB		Race		Gender	

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