COIN-OPERATED AMUSEMENT/MUSIC DEVICE(S)
LICENSE APPLICATION
Expires May 31

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

_____ Independent Owner.....$ 50.00 + $1.00 per machine ____ New
_____ Operator.....$600.00 + $1.00 per machine ____ Renewal

_____ Number of Machines

BUSINESS INFORMATION:

Business Name		Phone	
Business Address		Zip	
Mailing Address		Zip	

- What is the business arrangement for which you are purchasing the license?
  Individual Proprietorship_____; Partnership_____; Corporation _____

APPLICANT(S) INFORMATION: Complete the information below for the following persons:

- **Individual Proprietor;**
- **Each partner and any other person who supplies financial support in a partnership;**
- **All stockholders owning more than 10% of the stock;**
- **The president of the corporation if he/she is not a stockholder owning more than 10%;**
- **The general manager or such person generally responsible for the operation of the business.**

If more space is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Full Name		Date of Birth	
Home Address		City & State	
Home Phone		Zip Code	

Has any person listed on this application:

- Been convicted of a felony or any crime involving moral turpitude five years prior to the filing of this application? ____ **Yes** ____**No**
- Ever been denied an amusement/music device license? ____ **Yes** ____ **No**
- Ever had an amusement/music device license revoked? ____ **Yes** ____ **No**

Is there any person listed on this application who:

- Has not been a resident of the State of Kansas for five years? ____ **Yes** ____ **No**
- Has not been a resident of Sedgwick County for two years prior to filing this application? ____ **Yes** ____ **No**
- Is not a United States citizen? ____ **Yes** ____ **No**

IF THE ANSWER TO ANY OF THE ABOVE MENTIONED QUESTIONS IS "**YES**", EXPLAIN **IN DETAIL** ON THE REVERSE SIDE OF THIS APPLICATION OR ATTACH A SEPARATE PIECE OF PAPER TO THIS APPLICATION.

To the best of my knowledge, the information on this application is true and correct, and I am familiar with, and will abide by, all applicable ordinances that govern this business. I also agree to furnish any additional information requested regarding the above contents of this application.

_____ _____
Signature of Applicant Date

Subscribed and sworn to before me this____ day of _____, _____. _____
Notary Public

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE