



# COMMON CONSUMPTION AREA APPLICATION

*Allow 30 days for approval*

[www.wichita.gov](http://www.wichita.gov)

CITY LICENSING

455 N. Main, 1<sup>st</sup> Floor

Wichita, KS 67202

(316) 268-4553

**SELECT ONE:**

\_\_\_\_\_ New

\_\_\_\_\_ Renewal

\_\_\_\_\_ New Owner

**One year license, \$100 fee to be included with the application.**

**Type of Business:** \_\_\_\_\_ Individual \_\_\_\_\_ Corporation\* \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ LLP, Trust, or Other

*\*If applicant is a corporation, a copy of the Articles of Incorporation and Bylaws and a list of all directors and officers of the corporation must be attached.*

**SECTION 1. LICENSE APPLICATION INFORMATION** – All correspondence regarding the license will be mailed to this address.

Business Entity Name			
Business Mailing Address			
City	County	State	Zip Code
Business Phone No.		Email Address	

**LOCATION INFORMATION:**

Common Consumption Area DBA Name			
Common Consumption Area Location Address			
City	County	State	Zip Code
Business Phone No.		Email Address	
Entertainment			

**PRIMARY CONTACT PERSON TO WHOM THE CITY WILL DIRECT INQUIRIES**

Last Name	First Name	Middle Name	Position	
City		State	Zip Code	
Daytime Phone		Email Address		

**SECTION 2. APPOINTMENT OF PROCESS AGENT WITH POWER OF ATTORNEY** – **Required** for LLC and Corporations

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Last 4 digits of Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

**SECTION 3. BACKGROUND QUALIFICATIONS** – *If the answer to any question is yes, provide explanation on separate page and attach to your application.*

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1) Has the applicant been convicted of or pled guilty to a felony in Kansas or in any other state, or under federal law within the last five years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Has the applicant been convicted or pled guilty to being a proprietor of a gambling house or of pandering or other crimes or misdemeanors opposed to decency and morality or forfeited bond to appear in court to answer charges for any such violations?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Has the applicant been convicted of being the keeper or is keeping or has forfeited bond to appear in court to answer charges of being a keeper of any property, whether real or personal, where sexual relations are sold or offered for sale by a person who is 18 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Has the applicant had an alcoholic liquor license revoked in Kansas?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is the applicant currently a law enforcement officer or a non-elected official who supervises or appoints any law enforcement officer?   | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 4. BUSINESS ENTITY INFORMATION**

- |   | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Is your <b>Corporation, Partnership, LLC or LLP</b> in good standing with the Kansas Secretary of State or with the state in which the entity is registered or was organized? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check one of the following business entity types:

- Individual
- Corporation or LLC – Through which State is the corporation or LLC incorporated or organized?  
\_\_\_\_\_
- Partnership
- Government – Type (check one):  City  County  State  Federal
- Other \_\_\_\_\_

**SECTION 5. PREMISE(S) INFORMATION** (Please attach documentation.)

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Does the applicant own the proposed location?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant have a purchase agreement for the proposed location?     | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant have a lease or use agreement for the proposed location? | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 6. APPLICATION OATH**

Under penalties of perjury, I, \_\_\_\_\_ (state name), declare the information in this application and all required documents represents a true, accurate and complete disclosure of information.

I consent and agree to the right of immediate entry and inspection of any premises where the common consumption of alcoholic liquor or cereal malt beverage has been allowed by authorization of the City Council by any duly authorized officer or agent of the City, or by any law enforcement officer. I shall provide an updated list of all on-site managers to Business Licensing within ten (10) business days from the date any manager is no longer employed by the licensee or when any new manager is hired by the licensee. I am familiar with the contents of Chapter 4.08 of the City Code pertaining to persons ineligible to obtain the license herein applied for, and understand that the same applies to me and further, I affirmatively state I am eligible to receive a license under its terms.

I hereby authorize agents of the City of Wichita as necessary to determine qualification for licensure. I also authorize the City of Wichita to send communications to the email address provided on this form. Furthermore, if a Corporation or LLC, I appoint the Process Agent with Power of Attorney identified in Section 2, who is a Kansas resident, upon whom process may be served in any action brought against it.

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Furthermore, I hereby agree by signing this oath to comply with all of the laws of the State of Kansas and all rules and regulations prescribed by the City of Wichita and I understand that my common consumption area license is subject to suspension or revocation by the proper officials for any violation of such law, rules or regulations.

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Signature of Applicant

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Date

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE

# COMMON CONSUMPTION AREA APPLICATION CHECK LIST

**This checklist must be completed and submitted (including all listed items) with the application at the time of submittal in order for the application to be accepted, evaluated and/or approved. An application may not be considered "submitted" if any required attachments are missing.**

## 1. BUSINESS AND SECURITY PLAN (REQUIRED DOCUMENTATION)

- a. If a corporation, a copy of the Articles of Incorporation and Bylaws and a list of all directors and officers of the corporation.
  - b. A detailed and legible map of the proposed common consumption area (8 ½" x 11" only size accepted), including: location of any physical barriers and/or signage designating the common consumption area, entrances and exits, location of attached licensed premises, identification of licensed premises that are adjacent but not to be attached to the proposed common consumption area, the current zoning classification for any proposed common consumption area and approximate location of security personnel.
  - c. A detailed description of security arrangements within the proposed common consumption area.
  - d. List of dates, days of the week, and hours of operation of the proposed common consumption area.
  - e. Documentation showing possession and/or control of the proposed common consumption area (i.e., purchase, lease, use agreement and/or deed).
  - f. Attach the On-Site Manager Information Form. Manager information shall also be updated by using this same form. ***Updates are required to be submitted to the City License section within 10 business days from the date any manager is no longer employed by the licensee or when any new manager is hired by the licensee.***
  - g. The name and address of any establishment licensed to sell alcoholic liquor by the drink or cereal malt beverage for consumption on the premises adjacent to the proposed common consumption area and which has or will obtain authorization from Kansas Alcoholic Beverage Control to be attached to the proposed common consumption area.
  - h. The name and address of any licensee who is or will be authorized by Kansas Alcoholic Beverage Control to participate in the proposed common consumption area.
  - i. A list of all public streets, alleys, roads, highways and/or street rights of way to be closed to motor vehicle traffic during periods when consumption of alcoholic liquor or cereal malt beverage is authorized within the proposed common consumption area.
  - j. An insurance certificate of general liability and liquor liability by an insurance company authorized to do business in the State of Kansas, which policy includes the City of Wichita, its officers and agents as named insureds and which provides general liability coverage in an amount not less than one million dollars (\$1M) per occurrence and a minimum of \$100,000 property coverage information.
  - k. A plan as to how the permit holder will prevent off-premise consumption of alcoholic liquor and cereal malt beverage and the consumption of alcoholic liquor and cereal malt beverage by minors as part of the proposed common consumption area.
2. For questions regarding completion of application, you may contact the City of Wichita Division of Arts & Cultural Services at (316) 303-8000 or Business Licensing at (316) 268-4553.