



CITY OF KANSAS CITY, MISSOURI
 NEIGHBORHOOD AND COMMUNITY SERVICES DEPARTMENT
 REGULATED INDUSTRIES DIVISION
 635 Woodland, Suite 2101
 Kansas City, Missouri 64106
 Phone (816)784-9000

APPLICATION FOR SIDEWALK CAFÉ W/ NO ALCOHOL

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

One Time Application Fee - \$50.00

Annual Sidewalk Café License - \$250.00

Name of Applicant: _____ Home Phone #: _____

E-mail Address: _____ Cell Phone #: _____

Home Address _____ State _____ Zip _____

Business Name (Trade Name) _____

Business Address _____ Zip _____

County _____ Business Phone _____ Fax #: _____

Days and Hours of Operation _____

Single Ownership _____ Partnership _____ L.L.C. _____ Corporation _____

---- If Business is a **CORPORATION**, Complete this Section ----

Name of corporation: _____

State of incorporation: _____ Date of incorporation: _____

List the name and title of all corporate officers (attach additional sheet if necessary)

List the name with the number of shares and percentages held by each stockholder who holds 10% or more of the capital stock (attach additional sheet if needed):

---- If Business is a **LIMITED LIABILITY COMPANY**, Complete this Section ----

Name of Limited Liability Company: _____

State of organization: _____ Date of Organization: _____

List the names of all members and percentages of each LLC members interest.

---- If Business is a **PARTNERSHIP**, Complete this Section ----

List names of general and limited partners, and the number of Units owned by each: (attach additional list if necessary).

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

SIGNATURE OF APPLICANT DATE

SEAL: STATE OF MISSOURI
COUNTY OF _____

Subscribed and sworn before me, this _____ day of _____, 20_____.

MY COMMISSION EXPIRES:

Date Notary Public

OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW

-----INVESTIGATOR-----

Date Case Completed: _____

Regulated Industries Investigator Date

-----INVESTIGATIONS SUPERVISOR-----

This application is hereby recommended to be: [] Approved [] Disapproved

Reason for approval / disapproval of license (if any): _____

Regulated Industries Investigations Supervisor Date

-----MANAGER-----

This application is hereby recommended to be: [] Approved [] Disapproved

Reason for approval / disapproval of license (if any): _____

Regulated Industries Manager Date

