



Liquor license application

Please type or print the following information

Applicant's name _____

DBA business name _____ Phone _____

Business address _____

Street City State ZIP

Applying as a [] sole owner [] corporation [] limited liability company [] partnership

1. What is the business type? [] restaurant [] tavern [] other _____

2. Proposed days and hours of operation _____

3. The business will provide the following [] breakfast [] lunch [] dinner [] not applicable

4. I am applying for the following (check all that apply)

- [] change in ownership of an existing liquor licensed business (If there are no licensing changes, proceed to question 14)
[] original liquor license [] expansion of premises [] transfer of location
[] Sunday liquor license [] sidewalk cafe (restaurant/bar only) [] extended hours (3 a.m.) liquor license
[] upgrade of license [] manufacturer [] DBA name change [] change of managing officer
[] annual catering permit [] wholesaler [] other _____

You must submit the application fee for each item checked above - see the corresponding checklist for the listed application fee (if any)

5. Type of license for which you are applying (check only one)

- [] full liquor by the drink [] malt liquor/light wine by drink [] non-intoxicating (3.2 percent) beer by drink
[] full liquor by the package [] sales-by-drink specialty license [] non-intoxicating beer by the package
[] full liquor wholesaler [] beer wholesaler [] wine wholesaler
[] full liquor manufacturer [] beer manufacturer [] wine manufacturer
[] microbrewery [] malt liquor by the package [] not applicable

If you are applying for a package license, do you also want a tasting license? [] yes [] no

6. If you are applying for a Sunday license, please indicate the type of Sunday license for which you are applying

- [] common eating and drinking area [] restaurant/bar [] amusement place [] non-profit organization
[] place of entertainment [] package [] airline club [] sports stadium
[] convention hotel/motel [] sales-by-drink [] not applicable

7. If you are applying for an extended hours license, please indicate business type (only liquor by the drink eligible)

- [] restaurant/bar [] tavern [] non-profit organization [] place of entertainment
[] sports stadium [] amusement place [] convention hotel/motel [] common eating and drinking area
[] not applicable

8. Indicate all entertainment to be provided. If you are applying for a change in entertainment, indicate new additions only

- [] video games [] pool table [] darts [] pinball [] jukebox [] dancing/dance hall
[] live music [] DJ [] semi-nude dancers (must have zoning clearance)

Outdoor entertainment provided: [] DJ [] live music [] dancing [] other _____

Total number of all multi coin-operated amusement devices _____ (A multi coin-operated machine or device is one which is capable of being played by the insertion therein of more than one coin, disc or other insertion piece, or operated thereby winning free plays or free games, or for the purpose of increasing the number of free plays or free games which may be won)

Total number of billiard/pool tables _____ Total number of all other coin-operated amusement devices _____

9. Interior occupant capacity _____ Exterior occupant capacity (if used for customer seating) _____

10. Interior square feet _____ Exterior square feet _____ how many total floors will be licensed? _____

Will one or more exterior patio(s) be licensed? [] yes [] no Location(s) (circle) north south east west

Will one or more exterior deck(s) be licensed? [] yes [] no Location(s) north south east west roof

-----This section ONLY: Current licensees please write "on file" next to any question where applicable -----

11. How many off-street parking spaces are available to the business? _____
12. In which City Council District will the business be located? _____
13. Is the proposed location within 300 feet of a church or school? [] yes [] no
14. Managing officer's name _____ E-mail address _____
Home phone _____ Work phone _____ Mobile phone _____
Address _____
Street City State ZIP
15. Do you now employ or intend to employ any person who has been convicted of a felony? [] yes [] no
If yes, give details _____
16. Do you own or intend to purchase this business? [] yes [] no If yes, provide the following information
Date of purchase _____ Purchase price \$ _____
17. Do you rent or lease the premise? [] yes [] no If yes, provide the following information
Landlord's name _____ Daytime Phone _____
Address _____
Street City State ZIP
Monthly rent or lease payment amount \$ _____ Term of rent or lease agreement _____
18. Property owner's name _____
Address _____
Street City State ZIP

----- Financial information -----

19. Total investment amount to set up the proposed business \$ _____
Source of funds _____
20. List the names of all person(s), firms or corporations that have provided or will provide money to purchase or set up this business and indicate amounts _____
21. Does or will the former owner have any interest, directly or indirectly, in this business? [] yes [] no [] n/a
If yes, give details _____
22. Does your landlord have any interest, directly or indirectly, in this business? [] yes [] no [] n/a
If yes, give details _____
23. List all corporations, limited liability companies and partnerships for which you and all owners of this business (the members of the corporation, LLC or partnership) are members or are directly or indirectly involved
_____/_____/_____
_____/_____/_____
_____/_____/_____

----- If the business is a **corporation**, complete this section -----

24. Name of corporation _____
State of incorporation _____ Date of incorporation _____
25. List the names and titles of all corporate officers (attach additional sheet if necessary)

26. List the names with the number of shares and percentages held by each stockholder who holds 10 percent or more of the capital stock (attach additional sheet if needed)

----- If the business is a **limited liability company**, complete this section -----

27. Name of limited liability company _____

State of organization _____ Date of organization _____

28. List the names of all members and percentages of each LLC member's interest

----- If the business is a **partnership**, complete this section -----

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

No distiller, wholesaler, winemaker, brewer or supplier of coin-operated amusement devices or the employees, officers or agents thereof have any financial interest in the business and I will not accept from any such person(s), equipment, money, credit or property of any kind except ordinary commercial credit for liquor sold.

This application is not being made as a subterfuge to allow a person, other than myself, to obtain a license to sell alcoholic beverages in my name for his or her benefit.

I agree to promptly report any changes in the information provided with this application to the director of the Neighborhood and Community Services Department.

I authorize and consent to the examination, by the director of the Neighborhood and Community Services Department and/or his authorized representatives, of my business books, bank accounts and other records to verify the source of funds and terms under which this business is being purchased.

I agree to allow the director of the Neighborhood and Community Services Department and/or authorized representatives to conduct necessary investigations into financial and possible criminal records at banks and police agencies respectively.

I will at all times permit the entry of any officer or investigator who may have legal authority of the purpose of inspection or search, and will permit the removal of all things and articles that may be in violation of the ordinances of the City of Kansas City, Mo., and the laws of the State of Missouri.

I have familiarized myself with the provision of Chapters 10 and 50, code of general ordinances of the City of Kansas City, Mo., and agree to comply with these provisions in the conduct of this business and I will not violate any of the ordinances of the city, the laws of the state or the laws of the United States in the conduct of the business.

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.

Applicant's signature Date

Seal State of Missouri
County of _____

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

My commission expires _____
Date Notary public

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-----INVESTIGATOR-----

Date case completed _____ Date X/Y coordinates received _____
Date of location check _____ Date of density study _____
Date notifications sent _____ Date consent forms issued _____

Application recommended for: [] Approval [] Disapproval Date: _____

Reason(s) for recommendation of disapproval of application / license (if any) _____

Contingency and other items needed prior to issuance of license _____
_____/_____
_____/_____
_____/_____

License recommended for: [] Approval [] Disapproval Date: _____

Regulated Industries Division investigator

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

Application recommended for: [] Approval [] Disapproval Date: _____

License recommended for: [] Approval [] Disapproval Date: _____

Comments: _____

Regulated Industries Division investigations supervisor

-----ASSISTANT MANAGER-----

Application recommended for: [] Approval [] Disapproval Date: _____

License recommended for: [] Approval [] Disapproval Date: _____

Comments: _____

Regulated Industries Division assistant manager

-----MANAGER-----

This application & license is hereby [] Approved [] Disapproved

Comments: _____

Regulated Industries Division manager

Date

