



## Amusement Application

**PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:**

Applicant's Name: \_\_\_\_\_

D/B/A Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

I hereby make application to operate the following:  Commercial Amusement Place  Carnival  Rodeo  
 Billiard/Pool Hall  Cabaret/Floor Show  Penny/Picture Arcade  Dance Hall  Street Fair  
 Recreation Hall  Shooting Gallery  Amusement Parlor/Hall  Skating Rink  Bowling Alley  
 Adult Live Entertainment Business  Adult Entertainment Business

Applying as a:  Sole Owner  Corporation  Limited Liability Company  Partnership

1. Proposed days and hours of operation: \_\_\_\_\_

2. Entertainment Provided:  
 Video Games  Pool Table  Darts  Pinball  Juke Box  DJ  Live Music  
 Adult Motion Picture Theater  Sex Shop  Nude or Semi-Nude Dancers – Must Have Zoning Clearance  
 Description of all Other Coin Operated Amusement Devices: \_\_\_\_\_

Total Number of all Coin Operated Amusement Devices: \_\_\_\_\_

Other: \_\_\_\_\_

3. Interior Occupant Capacity: \_\_\_\_\_ Exterior Occupant Capacity (if used for customer seating): \_\_\_\_\_

Total number of interior Square Feet: \_\_\_\_\_ Total number of exterior Square Feet: \_\_\_\_\_

Will one or more exterior Deck/s be licensed?  Yes  No Location/s (circle): North South East West

Will one or more exterior Patio/s be licensed?  Yes  No Location/s (circle): North South East West

4. How many floors of the premises (including the basement) will be licensed? \_\_\_\_\_

5. How many off-street parking spaces are available to the business? \_\_\_\_\_

6. In which City Council District will the business be located? \_\_\_\_\_

7. Is the proposed location within 300 feet of a church or school?  Yes  No

8. Will the **Managing Officer** be the person in active control and management of this business full time?  Yes  No

Name of **Managing Officer**: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

9. The **Designated Agent** is the person who must be found in the city while the business is in operation.

Name of **Designated Agent**: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

10. Do you now employ or intend to employ any person who has been convicted of a felony?  Yes  No

If yes, give details: \_\_\_\_\_

11. Do you own or intend to purchase this business?  Yes  No If yes, provide the following information:

Date of purchase: \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

12. Do you rent or lease the premise?  Yes  No If yes, provide the following information:

Landlord Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Monthly rent or lease payment amount: \$ \_\_\_\_\_ Term of rent or lease agreement: \_\_\_\_\_

13. Name and address of property owner (if different than above): \_\_\_\_\_

\_\_\_\_\_

----- **FINANCIAL INFORMATION** -----

14. Total investment amount to set up the proposed business: \$ \_\_\_\_\_

Source of funds: \_\_\_\_\_

Terms of payment: \_\_\_\_\_

\_\_\_\_\_

15. 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: \_\_\_\_\_

16. Does or will the former owner have any interest, directly or indirectly, in this business?  Yes  No  N/A

If yes, give details: \_\_\_\_\_

17. Does your landlord have any interest, directly or indirectly, in this business?  Yes  No  N/A

If yes, give details: \_\_\_\_\_

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

18. Name of corporation: \_\_\_\_\_

State of incorporation: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. 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 ----

21. Name of Limited Liability Company: \_\_\_\_\_

State of organization: \_\_\_\_\_ Date of organization: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional disclosures when corporation or LLCs are members may be required**

Will you at all times permit the entry of any officer or investigator who may have legal supervisory authority for the purpose of inspection or search; and will you permit the removal of all things and articles which may be in violation of the ordinances of Kansas City, Missouri, and the laws of the State of Missouri; and do you consent to the introduction in evidence of such articles in any proceedings for the violation of any provision of the revised ordinances of Kansas City, Missouri, and the laws of the State of Missouri, or the united States in the conduct of the business for which the license is sought? [ ] Yes [ ] No

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: \_\_\_\_\_

Contingency Items Needed Prior to Issuance of license: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
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

