Neighborhood and Community Services Department
Regulated Industries Division
635 Woodland, Suite 2101
Kansas City, Missouri 64106-1551

Phone (816) 784-9000
Fax (816) 784-9030

APPLICANT/SURVEYOR XY COORDINATES AFFIDAVIT

APPLICANTS must submit this original affidavit along with the application to Regulated Industries Division when X Y coordinates are required to process an application

Applicant's Name: _____ Telephone # _____

DBA Trade Name: _____

_____ Kansas City, Missouri _____
DBA Address Zip Code

Mark appropriate categories:

_____ Liquor-by-the-Package _____ Liquor-by-the-drink

Type the X coordinate and **Type** the Y coordinate numbers.

X (East and West) Coordinate: _____ in feet.

Y (North and South) Coordinate: _____ in feet.

I affirm the above two coordinates expressed in decimal feet are based upon the North American Datum 1983 Missouri West State Plane Coordinate System, identifying the center of the door for the main entrance to the premises. (Chapter 10, Section 10-332(a) for consents and Chapter 10, Section 10-216 (1) for density)

_____ _____ _____
Surveyor's Printed Name Surveyor's Signature Date

Attach a Copy of the Surveyor's Report and Seal. No copies or faxes will be accepted

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 _____, 2_____.

MY COMMISSION EXPIRES:

_____ _____
Date Notary Public

Revised 08/02