



**LIQUOR LICENSE APPLICATION**

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

The undersigned hereby makes application for a license to sell alcoholic beverages as follows:

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

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

Business Address: \_\_\_\_\_  
Street City State Zip

Applying as a:  Sole Owner  Corporation  Limited Liability Company  Partnership

1. I am making Application for the following (**CHECK ALL THAT APPLY**):

- New Liquor License  Purchase (sale) of an Existing Liquor License  Extended Hours (3am) License
- Expansion of Premises  Transfer of Location  Change of Managing Officer
- Sunday License  Sidewalk Café (Restaurant-bar only)  DBA Name Change
- Upgrade of License  Manufacturer  Wholesaler
- Annual Catering Permit  Other: \_\_\_\_\_

2. What type of business is the license for?  Restaurant  Tavern  Other: \_\_\_\_\_

3. If you are applying for a **Sunday License**, please indicate the type of Sunday License for which you are applying:

- Common Eating & Drinking Area  Restaurant-Bar  Amusement Place  Non-Profit Organization
- Place of Entertainment  Package  Airline Club  Sports Stadium
- Convention Hotel/Motel  Tavern  **Not Applicable**

4. 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 & Drinking Area
- Not Applicable**

-----**CURRENT LICENSEES ONLY: Please mark "On File" next to any question where applicable**-----

5. Type of license for which you are applying (**CHECK ONLY ONE**):

- Full Liquor by the Drink  Malt Liquor/Light Wine by Drink  Nonintoxicating (3.2%) Beer by Drink
- Full Liquor by the Package  Malt Liquor by the Package  Nonintoxicating Beer by the Package
- Full Liquor Wholesaler  Beer Wholesaler  Wine Wholesaler
- Full Liquor Manufacture  Beer Manufacturer  Wine Manufacturer
- Microbrewery  **Not Applicable**

6. If you are applying for any type of package license, do you also want a Tasting License?  Yes  No

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

8. Entertainment Provided:

- Video Games  Pool Table  Darts  Pinball  Juke Box  Dance Hall
- Live Music  DJ  Semi-Nude Dancers – Must Have Zoning Clearance
- Description of all other coin operated amusement devices: \_\_\_\_\_
- Not Applicable**
- Other: \_\_\_\_\_

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

9. 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
10. How many floors of the premises (including the basement) will be licensed? \_\_\_\_\_
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. Name of Managing Officer: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell 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 Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street City State Zip  
 Monthly rent or lease payment amount: \$ \_\_\_\_\_ Term of rent or lease agreement: \_\_\_\_\_
18. Name and address of property owner (if different than above): \_\_\_\_\_  
 \_\_\_\_\_  
Street City State Zip

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

19. Total investment amount to set up the proposed business: \$ \_\_\_\_\_  
 Source of funds: \_\_\_\_\_  
 Terms of payment: \_\_\_\_\_
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: \_\_\_\_\_
- If Business is a **CORPORATION**, Complete this Section ----
23. Name of corporation: \_\_\_\_\_  
 State of incorporation: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_
24. List the name and title of all corporate officers (attach additional sheet if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. 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):

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

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

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

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

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

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

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

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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 report promptly any changes in the information provided with this application, and I understand that any and all changes of ownership or management and control of the business cannot occur prior to obtaining the approval of the Director of Neighborhood and Community Services Department (NCSD)

I authorize and consent to the examination, by the Director of NCSD 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 NCSD 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 which may be in violation of the Ordinances of Kansas City, Missouri, and the laws of the State of Missouri, and I do consent to the introduction in evidence of such articles in any proceedings for the violation of any provision of the revised liquor control ordinances of Kansas City, Missouri, and/or for the suspension or revocation of the license for which this application is made.

I have familiarized myself with the provision of Chapters 10 and 50, Code of General Ordinances, City of Kansas City, Missouri and agree to comply with these provisions in the conduct of this 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.

\_\_\_\_\_  
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: \_\_\_\_\_ Date X/Y Coordinates Received: \_\_\_\_\_

Date of Location Check: \_\_\_\_\_ Date of Density Study: \_\_\_\_\_

Date Notifications Sent: \_\_\_\_\_ Date Consent Forms Issued: \_\_\_\_\_

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

