

# Checklist for Bowling Alley – Non Liquor

Investigator: \_\_\_\_\_

D/B/A Name and Address: \_\_\_\_\_

Date Application Assigned: \_\_\_\_\_ Date Case Completed: \_\_\_\_\_

*The following requirements will be completed by the Investigator working on your case:*

\_\_\_\_ **Investigators Requirement** – Verification that the business does have a current license (**attach a copy**) – **Sale Only**

\_\_\_\_ **Investigator Requirement** – The zoning of the premises as well as a map of the zoning overlay of the area immediately surrounding the proposed premise – **New Only**

\_\_\_\_ **Investigator Requirement** – Notification letters mailed out to all neighborhood associations within the same zip code as the proposed establishment and City Council Representatives who are located in the same district of the proposed premise as well as other pre-determined government agencies.

Yes      No

\_\_\_\_      \_\_\_\_ **Investigators Requirement** – Has the applicant or anyone with ownership in the business been convicted of a felony or other offense involving moral turpitude? **Sec. 12-2**

\_\_\_\_      \_\_\_\_ **Investigators Requirement** – Do you believe that the operation of such business or establishment has or will create a neighborhood nuisance or disturbance, prove a menace to the public safety, or impair the health, peace or comfort of persons working or residing in the vicinity? **Sec. 12-7(a)**

*In order to begin processing a liquor application, an **applicant** must submit the following:*

\_\_\_\_ Amusement Application (**must be signed & notarized**).

\_\_\_\_ \$40 processing fee per person for a criminal history record check to include all cities, states, & countries where applicant/s and/or owner/s have resided. This includes anyone who owns **more than 10%** of the stock in the business or owns **more than 10%** of the business - check made out to the City Treasurer. Anyone who is an active practicing attorney in the State of Missouri will not be subject to a criminal history record check but must submit a copy of their bar card.

*All of the following information listed below must be submitted by the applicant:*

Have      Need

\_\_\_\_      \_\_\_\_ Consultant consent form signed by the applicant (only applicable if a consultant is used). **Form provided by Regulated Industries** ([http://www.kcmo.org/neigh.nsf/web/RI\\_main?opendocument](http://www.kcmo.org/neigh.nsf/web/RI_main?opendocument))

\_\_\_\_      \_\_\_\_ Two (2) recent photographs of the front of the premises to be licensed.

\_\_\_\_      \_\_\_\_ A diagram of the premises including the total number of **square feet** in the building and the **number of floors** involved. A separate measurement of total **square feet** will be necessary for all outdoor seating areas (not to include a sidewalk café).

\_\_\_\_      \_\_\_\_ **LLC Only** – A copy of the OPERATING AGREEMENT listing all of the members and managers of the LLC, or;  
**Corporation Only** – A copy of the BYLAWS and all amendments *and* organizational minutes, verifying all corporate officers, share holders and number of shares held, or;  
**Partnership Only** – A copy of the PARTNERSHIP AGREEMENT (limited partnership requires partnership application and appointment of the managing partner) – The managing partner must be noted on the application

Have   Need

- \_\_\_   \_\_\_   CERTIFICATE OF GOOD STANDING **from the State of Missouri**. If the business is less than one year old or a Certificate of Good Standing cannot be retrieved, submit a CERTIFICATE OF ORGANIZATION (LLC or limited partnership – Not *general partnership*), **or**; CERTIFICATE OF INCORPORATION (corporation) **from the State of Missouri** – State Office Building, 615 E. 13<sup>th</sup> Street, (816) 889-2672
- \_\_\_   \_\_\_   Fictitious Name Registration (**If D/B/A is different than the corporate name**) from State Office Building, 615 E. 13<sup>th</sup> St., (816) 889-2672
- \_\_\_   \_\_\_   Two (2) recent passport style photos (without hat) of anyone who owns **more than 10%** of the stock in the location or who owns **more than 10%** of the business.
- \_\_\_   \_\_\_   Schedule P from anyone who owns **more than 10%** of the stock in the location or who owns **more than 10%** of the business. **Form provided by Regulated Industries** – ([http://www.kcmo.org/neigh.nsf/web/RI\\_main?opendocument](http://www.kcmo.org/neigh.nsf/web/RI_main?opendocument))
- \_\_\_   \_\_\_   Stock Purchase Agreement (if applicable) – **Sale Only**.
- \_\_\_   \_\_\_   Asset Sales agreement signed & notarized by all parties – **Sale Only**.
- \_\_\_   \_\_\_   Declaration of Intent to sell, signed by all parties & notarized **Form provided by Regulated Industries** ([http://www.kcmo.org/neigh.nsf/web/RI\\_main?opendocument](http://www.kcmo.org/neigh.nsf/web/RI_main?opendocument)) – **Sale Only**.
- \_\_\_   \_\_\_   A statement of no sales/use tax due dated within the preceding 90 days from the date of application (City Hall, Finance Department, 414 E 12<sup>th</sup> Street, 816-513-1120 or 816-513-1135).

An amusement application can be processed without the **Contingency Items** that are listed below; however, all **Contingency Items** must be submitted before a license will be issued:

Have   Need

- \_\_\_   \_\_\_   A copy of the Zoning Determination (must be from the DBA making application) stating the use of the premises for the proposed business (**alcohol is permitted / parking is sufficient**) is permitted through zoning (City Planning & Development, City Hall, 414 E 12<sup>th</sup> Street, 816-513-1407) – **Contingency Item**
- \_\_\_   \_\_\_   A copy of the Certificate of Occupancy (must be from the DBA making application) - City Hall, City Planning & Development, 414 E 12<sup>th</sup> Street, 816-513-1407) – **Contingency Item**
- \_\_\_   \_\_\_   A copy of the “Occupant Load Certificate” which states the occupancy load (must state the interior occupant capacity) City Planning & Development, City Hall, 414 E 12<sup>th</sup> Street, 816-513-1407 – **Contingency Item**
- \_\_\_   \_\_\_   A copy of the Health Permit (must be from the DBA making application) - Health Department: 2400 Troost, (816) 513-6247 – **Contingency Item**
- \_\_\_   \_\_\_   A copy of the Fire Permit **or** Certificate of Compliance from the most recent inspection (must be from the DBA making application) – Fire Marshals Office, 635 Woodland, (816) 784-9100 – **Contingency Item**
- \_\_\_   \_\_\_   A Certificate of Compliance (must be from the DBA making application) stating no exterior code violations currently exist on the property (Neighborhood Preservation: 4900 Swope Pkwy, 816-513-9010) – **Contingency Item**