



Commercial Amusement Place 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
 Haunted House Adult Entertainment Business or Adult Live Entertainment Business

Applying as a: Sole Owner Corporation Limited Liability Company Partnership

1. Proposed days and hours of operation: _____

2. Services and 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
 Adult Media Explicit Sexual Material Adult Cabaret Adult Motion Picture Arcade Booth

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

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

----- ADULT ENTERTAINMENT BUSINESSES ONLY -----

8. The **Designated Agent** is the person who must be found in the city while the business is in operation.
Designated Agent: _____ E-mail address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Address: _____

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

