



# Amusement Application

Please type or print the following information

Applicant's name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's address \_\_\_\_\_  
Street City State ZIP

DBA business name \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_  
Street City State ZIP

- I hereby make application to operate the following
- amusement device exhibitor  commercial amusement place
  - billiard/pool hall  cabaret/floor show  amusement parlor/hall  dance hall
  - recreation hall  shooting gallery (arcade)  skating rink  bowling alley
  - haunted house  penny/picture arcade  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  billiard/pool tables  darts  pinball  juke box  
 DJ  live music  dancing  sex shop  nude or semi-nude dancers (must have zoning clearance)  
 adult media/explicit sexual material  adult motion picture theater  adult motion picture arcade booth  
 other \_\_\_\_\_

**Total number of all multi coin-operated amusement devices** \_\_\_\_\_ (A coin-operated machine or device which is capable of being played by the insertion therein of more than one coin, disc or other insertion piece, or operated thereby winning free plays or free games, or for the purpose of increasing the number of free plays or free games which may be won)

**Total number of billiard/pool tables** \_\_\_\_\_

**Total number of all other coin-operated amusement devices** \_\_\_\_\_

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

4. Do you rent or lease the premises?  yes  no If yes, provide the following information

Landlord's name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

5. Property owner's name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

----- If the business is a **Corporation**, complete this section -----

6. Name of Corporation \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

----- If the business is a **Limited Liability Company**, complete this section -----

7. Name of Limited Liability Company \_\_\_\_\_

State of Organization \_\_\_\_\_ Date of Organization \_\_\_\_\_

----- If the business is a **Partnership**, complete this section -----

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

----- **Adult Entertainment Businesses Only** -----

9. Interior occupant capacity \_\_\_\_\_ Total number of interior square feet \_\_\_\_\_

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

11. Is the proposed location within 300 feet of a church or school? [ ] yes [ ] no

12. Do you now employ or intend to employ any person who has been convicted of a felony? [ ] yes [ ] no

13. 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 \_\_\_\_\_  
\_\_\_\_\_

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

**Designated Agent** \_\_\_\_\_ E-mail address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

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I agree to promptly report 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 the Neighborhoods and Housing Services Department.

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 that may be in violation of the ordinances of Kansas City, Mo., and the laws of the State of Missouri.

I authorize and consent to the examination, by the director of the Neighborhoods and Housing Services Department 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 the Neighborhoods and Housing Services Department and/or authorized representatives to conduct necessary investigations into financial and possible criminal records at banks and police agencies respectively.

I have familiarized myself with the provisions of Chapter 12 of the code of ordinances of the City of Kansas City, Mo., 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.

\_\_\_\_\_  
Applicant's Signature Date

Seal State of Missouri  
County of \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires

\_\_\_\_\_  
Date Notary public

-----INVESTIGATOR -----

Date case completed \_\_\_\_\_

**Application** recommended for:     Approval         Disapproval                    Date: \_\_\_\_\_

Reason(s) for recommendation of disapproval of application / license (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contingency and other items needed prior to issuance of license \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

**License** recommended for:     Approval         Disapproval                    Date: \_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division Investigator

-----INVESTIGATIONS SUPERVISOR -----

**Application** recommended for:     Approval         Disapproval                    Date: \_\_\_\_\_

**License** recommended for:         Approval         Disapproval                    Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division Investigations Supervisor

-----ASSISTANT MANAGER -----

**Application** recommended for:     Approval         Disapproval                    Date: \_\_\_\_\_

**License** recommended for:         Approval         Disapproval                    Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division Assistant Manager

-----MANAGER -----

This application & license is hereby         Approved                     Disapproved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regulated Industries Division Manager

\_\_\_\_\_  
Date