



Neighborhood Services Department

Regulated Industries Division

635 Woodland, Suite 2101

Kansas City, Missouri 64106

(816) 513-4561

APPLICANT/SURVEYOR XY COORDINATES AFFIDAVIT

Applicant's Name: _____ Telephone # _____

DBA Trade Name: _____

DBA Address _____ Kansas City, Missouri _____

I am applying for a (mark appropriate category):

_____ Sales-by-package license _____ Sales-by-drink license

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 the X-Y coordinates provided above have been provided by a licensed surveyor.

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