City of Kansas City, Mo.
Neighborhoods and Housing Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101
Kansas City, MO 64106
(816) 513-4561

Sidewalk café (no alcohol) application

Please type or print the following information

Annual sidewalk café license – $250

Applicant's name _____ Home phone _____

E-mail address _____ Mobile phone _____

Home address _____
Street City State ZIP

DBA business name _____ Phone _____

Business address _____
Street City State ZIP

Applying as a [ ] sole owner [ ] corporation [ ] limited liability company [ ] partnership

Proposed days and hours of operation _____

Entertainment provided

[ ] video games [ ] pool table [ ] darts [ ] pinball [ ] jukebox [ ] dance hall
[ ] Live Music [ ] DJ
[ ] description of all other coin operated amusement devices _____
[ ] **not applicable**
[ ] other _____

Total number of all *multi* coin-operated amusement devices _____ (A multi coin-operated machine or device is one 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** _____

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

Does your landlord have any interest, directly or indirectly, in this business? [ ] yes [ ] no [ ] n/a

If yes, give details _____
_____
_____

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

Name of corporation _____

State of incorporation _____ Date of incorporation _____

List the names and titles of all corporate officers (attach additional sheet if necessary)

_____
_____
_____
_____

List the names with the number of shares and percentages held by each stockholder who holds 10 percent or more of the capital stock (attach additional sheet if needed)

_____
_____
_____
_____

---------- If the business is a **limited liability company**, complete this section ----------

Name of limited liability company _____

State of organization _____ Date of Organization _____

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

_____
_____
_____
_____

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

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

_____
_____
_____
_____

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 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 which may be in violation of the ordinances of the City of Kansas City, Mo., 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 the City of Kansas City, Mo., and/or for the suspension or revocation of the license for which this application is made.

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

Office use only – Do not write in space below

----------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