



BUSINESS LICENSE DIVISION

Neighborhood Resource Center

Unified Government of Wyandotte County/ Kansas City, Kansas

4953 State Avenue, Kansas City, Kansas 66102

p. (913) 573-8780 | f. (913) 573-8622 | www.wycokck.org/businesslicense

**ARENA
AUDITORIUM
LICENSE APPLICATION**

Date _____

LICENSE FEE: 2,500-24,999 PERSON CAPACITY \$500.00
25,000 + PERSON CAPACITY \$1000.00

A CERTIFICATE OF LIABILITY INSURANCE OR PROOF OF A FUNDED SELF-INSURANCE PLAN MUST ACCOMPANY THIS APPLICATION.

Please Print the Following Information:

APPLICANTS NAME _____
APPLICANTS ADDRESS _____ CITY _____ ST/ZIP _____
TELEPHONE _____ DATE OF BIRTH _____ SS# _____

BUSINESS NAME _____ PHONE _____
BUSINESS ADDRESS _____ CITY _____ ST/ZIP _____
OCCUPANCY OF STRUCTURE _____ PERSONS

OWNERSHIP TYPE INDIVIDUAL PARTNERSHIP CORPORATION

IF OWNERSHIP IS A CORPORATION COMPLETE THE FOLLOWING INFORMATION:
(ATTACH ADDITIONAL SHEET IF NECESSARY)

ADDRESS OF PRINCIPAL BUSINESS OFFICE _____
STATE OF INCORPORATION _____ DATE INCORPORATED _____

OFFICERS OF CORPORATION:

NAME	ADDRESS	DATE OF BIRTH	% STOCK OWNED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**IF OWNERSHIP IS A PARTNERSHIP COMPLETE THE FOLLOWING INFORMATION:
(ATTACH ADDITIONAL SHEET IF NECESSARY)**

PARTNER NAME

ADDRESS

DATE OF BIRTH

1. _____
2. _____
3. _____
4. _____

Has any Applicant, Partner, or Corporation officer been convicted of a Felony? _____

NAME OF RESIDENT AGENT _____

AGENTS ADDRESS _____ **DATE OF BIRTH** _____

KANSAS STATE SALES TAX IDENTIFICATION # _____

IS REAL ESTATE TAX CURRENT AT BUSINESS ADDRESS? _____

PERIOD OF TIME APPLICANT HAS BEEN IN BUSINESS _____

DESCRIPTION OF THE NATURE OF EVENTS TO BE HELD ON LICENSED PREMISES _____

DESCRIPTION OF THE NATURE OF THE BUSINESS _____

DESCRIPTION OF THE STEPS PROPOSED LICENSEE SHALL TAKE TO ENSURE THE SAFETY OF ATTENDEES AND THE GENERAL PUBLIC WITH REGARD TO THE OPERATION OF THE ARENA OR AUDITORIUM AND THE EVENTS HELD THEREON. (ATTACH ADDITIONAL SHEET IF NECESSARY) _____

I DO HEREBY CERTIFY THAT I UNDERSTAND THIS LICENSE IF GRANTED IS FOR THE PERIOD COVERING _____ THROUGH _____ AND WILL EXPIRE _____, 20_____

SIGNATURE OF APPLICANT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____, 20_____

NOTARY PUBLIC