

City of Overland Park
Alcoholic Beverage License Application
Drinking Establishment, Private Club and Caterers

Type of License applied for _____
City License No. _____
State License No. _____
Expiration Date: _____

Date Submitted: _____
O.P.M.C., Chapter 5.20

Fee: Drinking Est Private Club A or B Caterer
 \$500.00
 \$250.00*– First ½ license fee
*(*If you choose this option, you must submit \$275 for the second half of your license within one year of the license issue date.)*

Fee: Drinking Establishment/Caterer
 \$1000.00
 \$500.00*– First ½ license fee
*(*If you choose this option, you must submit \$600 for the second half of your license within one year of the license issue date.)*

1. Business Name _____
Telephone No. _____
Address _____
City Overland Park State Kansas Zip _____

Mailing Address (If different from business address) _____
City _____ State _____ Zip _____

Authorized person on behalf of the business named above:

2. Applicant's Name _____
Telephone No. _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Driver's License No. _____

If applicable:

Spouse's Name _____
Date of Birth _____ Driver's License No. _____

Is applicant's spouse (new applicants only) eligible to receive license pursuant to K.S.A. 41-311(12)? Yes No

Applicant's Qualifications for license:

3. (a) I do do not meet the requirements for issuance of a state drinking establishment, private club or caterer's license.
(b)* I have been a resident of the State of Kansas for at least one year K.S.A. 41-2623(3). Yes No .
(c)* I am a resident of Johnson County, Kansas K.S.A. 41-2623(9)(b) (2)). Yes No
(d)* I am a citizenship of the United States as required in K.S.A. 41-311(1). Yes No
(e) I am at least 21 years of age K.S.A. 41-311(6). Yes No
(f) I have have not been convicted of or pled guilty to a felony under the laws of this state or any other state or of the United States K.S.A. 41-311(2).
(g) I have have not had a license revoked for cause under the provisions of the Club and Drinking Establishment Act. K.S.A. 41-2623(2).
(h) I have have not been convicted of being the keeper or am keeping a house of prostitution or have forfeited bond to appear in court to answer charges of being a keeper of a house of prostitution K.S.A. 41-311(4).
(i) I have have not been convicted of being a proprietor of a gambling house, pandering or any other crime opposed to decency and morality or have forfeited bond to appear in court to answer charges for any of those crimes.(K.S.A. 41-311(5))

* **Residency requirements do not apply to corporations or their officers, stockholders or managers.**

Manager No. 1

4 Manager's Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Date of Birth _____ Driver's License No. _____

(a) Does manager meet all qualifications required of licensee as shown in Question No. 3?: Yes No If no, state reason: _____

(b) Manager has has not been adjudged guilty or placed on diversion within the previous two years of a violation of any intoxicating liquor law or of driving a motor vehicle while under the influence of intoxicating liquor or drugs by any city, or state, or the United States. (K.S.A. 41-2610).

For new applicants only:

Name of Manager's Spouse _____

Date of Birth _____ Driver's License No. _____

Is manager's spouse eligible to receive license pursuant to K.S.A. 41-311(12)? Yes No

Manager No. 2

Manager's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Date of Birth _____ Driver's License No. _____

(a) Does manager meet all qualifications required of licensee as shown in Question No. 3?: Yes No If no, state reason: _____

(b) Manager has has not been adjudged guilty or placed on diversion within the previous two years of a violation of any intoxicating liquor law or of driving a motor vehicle while under the influence of intoxicating liquor or drugs by any city, or state, or the United States. (K.S.A. 41-2610).

For new applicants only:

Name of Manager's Spouse _____

Date of Birth _____ Driver's License No. _____

Is manager's spouse eligible to receive license pursuant to K.S.A. 41-311(12)? Yes No

Manager No. 3

Manager's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Date of Birth _____ Driver's License No. _____

(a) Does manager meet all qualifications required of licensee as shown in Question No. 3?: Yes No If no, state reason: _____

(b) Manager has has not been adjudged guilty or placed on diversion within the previous two years of a violation of any intoxicating liquor law or of driving a motor vehicle while under the influence of intoxicating liquor or drugs by any city, or state, or the United States. (K.S.A. 41-2610).

For new applicants only:

Name of Manager's Spouse _____

Date of Birth _____ Driver's License No. _____

Is manager's spouse eligible to receive license pursuant to K.S.A. 41-311(12)? Yes No

Please attach additional pages for more managers, if necessary.

5. If Applicant is a Corporation, complete the following:

Name _____

Address _____

City _____ State _____ Zip _____

Date of Incorporation _____

Name of Corporate Resident Agent _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____

List the following information for each officer, director, stockholder **owning in the aggregate more than 5% shares**, and spouse (new applicants only) of the corporation: Name, address, telephone, date of birth, and driver's license number.

- (a) Has any officer, director, stockholder of the corporation **owning in the aggregate more than 5% shares** of the corporation, or spouse (new applicants only) ever had a license revoked for cause under the provisions of the Club and Drinking Establishment Act? K.S.A. 41-2623(7A) Yes No
- (b) Has any officer, director, stockholder of the corporation **owning in the aggregate more than 5% shares** of the corporation, or spouse (new applicants only) ever been convicted of a violation of the Club and Drinking Establishment Act of this state? K.S.A. 41-2623(7B) Yes No

6. If partnership, list the following information for each partner, along with spousal information: Name, address, telephone, date of birth, and driver's license number.

- (a) Do all partners and spouses meet all qualifications required of licensee as shown in No. 3 of application?: Yes No
If no, state reason: _____

7. Do you own the premises where business is located or have a valid lease at the time of application? K.S.A 41-311(11) Yes No

Attach floor plan indicating where alcoholic liquor will be sold, served and consumed.

****This application is for alcoholic beverage only. A Food Service Permit is required for any food service establishment, including restaurants, caterers, delis, bakeries, etc. Please contact Community Services at 913-895-6270 for additional information.** I have read and acknowledge this statement.**

(initials)

Applicant states that the information provided in this application is true and correct and understands any license issued hereunder may be revoked for providing false information.

Date

Applicant's Signature

Dated this _____ day of _____, _____.

Notary Public

My Appointment expires on the _____ day of _____, _____.

FOR OFFICE USE ONLY:

Date (approved) (rejected) _____

City Clerk