

City of Overland Park

COMMON CONSUMPTION AREA PERMIT APPLICATION

Overland Park Municipal Code, Chapter 5.22

Date Submitted: _____

Fee: \$250 New Renewal New Owner

Fee: \$50 Amended

(Permit Application Fee is Nonrefundable)

SECTION 1 - LICENSE APPLICATION INFORMATION:

APPLICANT INFORMATION: Applicant must be a Kansas resident or organization that has its principal place of business in Kansas. If applicant is a corporation, a copy of the Articles of Incorporation and Bylaws, and a list of all directors, officers, members and/or partners must be attached.

Select One

<input type="checkbox"/> Individual	Is the applicant a resident of Kansas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Corporation or LLC	Is the corporation incorporated or organized in Kansas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Partnership	Do all partners live in Kansas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> LLP, Trust, or _____			
Is your Corporation, Partnership, LLC or LLP in good standing with the Kansas Secretary of State?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA

CONTACT INFORMATION: All correspondence regarding the license will be mailed to this address.

Organization/Applicant Name					
Mailing Address					
City		State		Zip	
Daytime Phone:			Email:		
New Applicant Only (if applicable)					
Spouse's Name					
Spouse's Date of Birth			Driver's License No:		
Is applicant's spouse eligible to receive license pursuant to K.S.A. 41-311(12)? <input type="checkbox"/> Yes <input type="checkbox"/> No					

PRIMARY CONTACT PERSON TO WHOM THE CITY WILL DIRECT INQUIRIES: Authorized person on behalf of the business named above.

Name					
Address					
City		State		Zip	
Daytime Phone:			Email:		

BACKGROUND QUALIFICATIONS OF APPLICANT: If the answer to any question is yes, provide explanation on a separate page and attach to your application.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant been convicted of or pled guilty to a felony in Kansas or in any other state, or under federal law within the last five years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant had an alcoholic liquor license revoked in Kansas?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant been convicted of being the keeper or is keeping or has forfeited bond to appear in court to answer charges of being a keeper of any property, whether real or personal, where sexual relations are sold or offered for sale by a person who is 18 years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant been convicted or pled guilty to being a proprietor of a gambling house or of pandering or other crimes or misdemeanors opposed to decency and morality or forfeited bond to appear in court to answer charges for any such violations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the applicant at least 21 years of age K.S.A. 41-311(6)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the applicant currently a law enforcement officer or a non-elected official who supervises or appoints any law enforcement officer?

SECTION 2: PROPOSED COMMON CONSUMPTION AREA

Location DBA Name					
Location Address					
City	Overland Park	State	KS	Zip	
Does the applicant own the proposed location?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a purchase agreement for the proposed location?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a lease or use agreement for the proposed location?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation must be provided showing possession and/or control of the proposed common consumption area (i.e., purchase, lease, use agreement and/or deed must be submitted with application).					
PROPOSED HOURS AND DAYS OF OPERATION OF THE COMMON CONSUMPTION AREA: List of dates, days of the week, and hours of operation of the proposed common consumption area.					
Dates:					
Days of the Week:					
Hours of Operation:					
Type of alcoholic liquor to be consumed:					
Method which will be used to sell, dispense or distribute alcoholic liquor to be consumed in the proposed common consumption area:					

COMMON CONSUMPTION AREA DIAGRAM: The diagram must show the licensed premise and the boundaries of the proposed permitted area where alcoholic liquor will be possessed and consumed.

<input type="checkbox"/> Diagram (8 ½ x 11 only size accepted). Diagram must include the following:
<input type="checkbox"/> Size of area
<input type="checkbox"/> Location and description of any physical barriers and/or signage designating the common consumption area, entrances and exits.
<input type="checkbox"/> Location of attached licensed drinking establishments.
<input type="checkbox"/> Identification of licensed drinking establishments that are adjacent but not attached to the proposed common consumption area.
<input type="checkbox"/> Identify approximate location of security personnel.

SECURITY PLAN:

Provide a list of streets, alleys, sidewalks or other right-of-way to be closed to vehicular traffic during hours of the common consumption area and corresponding traffic control plan. Include alternative traffic routes to be made available for public transit and emergency vehicles, location of barricades, cones and signage.

Identify Fire and EMS routes and access and anticipated area occupancy.

Provide a detailed description of security arrangements, including number and approximate location of security personnel. Use of police officers may be required.

Submit plan to prevent off-premises consumption of alcoholic liquor and the consumption of alcoholic liquor by minors.

SECTION 3 - ON-SITE SUPERVISOR OR MANAGER INFORMATION:

Please list all on-site managers. Attach additional pages for more managers, if necessary. Updates are required to be submitted to the City Clerk's Office within 10 business days from the date any manager is no longer employed by the licensee or when any new manager is hired by the licensee.

Manager No. 1					
Name					
Address					
City		State		Zip	
Telephone			Email		
Date of Birth			Driver's License No.		

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

Manager No. 3					
Name					
Address					
City		State		Zip	
Telephone			Email		
Date of Birth			Driver's License No.		

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

Manager No. 5					
Name					
Address					
City		State		Zip	
Telephone			Email		
Date of Birth			Driver's License No.		

SECTION 4 - LIST OF PARTICIPATING ESTABLISHMENTS AND LICENSEES:

Required documentation must be attached to application.

Provide the name and address of licensed drinking establishments adjacent to the proposed common consumption area, which will obtain authorization from Kansas Alcoholic Beverage Control to be attached to the proposed common consumption area.

Provide name and address of any licensee who will be authorized by Kansas Alcoholic Beverage Control to participate in the proposed common consumption area. (e.g. caterer’s or temporary liquor licensees who will sell in the area.)

SECTION 5 – INSURANCE AND INDEMNITY:

Insurance:

_____ (Initial)

Applicant agrees to procure and maintain throughout the duration of the Common Consumption Area Permit, insurance policy or policies for general liability and liquor liability, issued by an insurance company authorized to do business in the State of Kansas, which policy includes the City of Overland Park as an additional insured and which provides general liability coverage in an amount not less than \$1,000,000 per occurrence/\$2,000,000 annual aggregate and liquor liability in an amount not less than \$1,000,000 dollars annual aggregate.

_____ (Initial)

Applicant agrees to indemnify, release and hold harmless the City, its Governing Body and its employees from and against any losses incurred or suffered by any person or to any real or personal property as a result of or in connection with the common consumption area.

_____ (Initial)

Applicant has had the opportunity to review Chapter 5.22 of the City Code and agrees to any other obligations or requirements set forth therein.

Application Oath:

Under penalties of perjury, I, _____ (state name), declare the information in this application and all required documents represents a true, accurate and complete disclosure of information.

I consent and agree to the right of immediate entry and inspection of any premises where the common consumption of alcoholic liquor has been allowed by authorization of the City Council by any duly authorized officer or agent of the City, or by any law enforcement officer. I shall provide an updated list of all on-site managers to the City Clerk’s Office within ten (10) business days from the date any manager is no longer employed by the licensee or when any new manager is hired by the licensee. I am familiar with the contents of Chapter 5.22 of the City Code pertaining to persons ineligible to obtain the license herein applied for, and understand that the same applies to me and further, I affirmatively state I am eligible to receive a license under its terms.

I hereby authorize agents of the City of Overland Park as necessary to determine qualification for licensure. I also authorize the City of Overland Park to send communications to the email address provided on this form.

Furthermore, I hereby agree by signing this oath to comply with all of the laws of the State of Kansas and all rules and regulations prescribed by the City of Overland Park and I understand that my common consumption area license is subject to suspension or revocation by the proper officials for any violation of such law, rules or regulations.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date: _____ approved rejected

City Clerk