

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.

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- (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.

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- (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