

**CITY OF LIBERAL, KANSAS**  
**ADULT ENTERTAINMENT BUSINESS APPLICATION**

Fee: \$2,500 per year ending December 31st of each year.

New applicant \_\_\_\_\_

Renewal \_\_\_\_\_

**1. BUSINESS INFORMATION:**

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Liberal, KS 67901

**2. APPLICANT INFORMATION (MUST BE COMPLETED BY PERSON WHO SIGNS APPLICATION):**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Length of residency: In Kansas: \_\_\_\_\_ In Seward Co.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Addresses for past 5 years if different than present address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of employers and addresses for last three years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. CORPORATION INFORMATION (IF APPLICABLE): PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, DIRECTORS AND EACH STOCKHOLDER IN THE CORPORATION. IF MORE SPACE IS NEEDED, USE BLANK SHEETS TO ANSWER EACH QUESTION.**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Must provide a current Certificate of Good Standing issued by the Secretary of State.

**4. PARTNERSHIP INFORMATION (IF APPLICABLE): COMPLETE THE FOLLOWING INFORMATION FOR EACH PARTNER, INCLUDING ALL LIMITED PARTNERS. IF THE APPLICANT IS A LIMITED PARTNERSHIP, IT SHALL FURNISH A COPY OF ITS CERTIFICATE OF LIMITED PARTNERSHIP. IF MORE SPACE IS NEEDED, USE BLANK SHEETS TO ANSWER EACH QUESTION.**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

**5. MANAGER INFORMATION (IF DIFFERENT FROM THE APPLICANT):**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Length of residency: In Kansas: \_\_\_\_\_ In Seward Co.: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

**6. ALL PERSONS LISTED ON THIS APPLICATION OR ON SUBSEQUENT ATTACHMENTS MUST ANSWER THE FOLLOWING QUESTIONS:**

Within ten years prior to the date of submitting this application, have any of the persons listed above or on subsequent pages been convicted of or released from confinement for conviction of any felony or misdemeanor, or been institutionalized or hospitalized for a mental disease or defect?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If so, please state the reason/details. \_\_\_\_\_

Within five years prior to the date of submitting this application, have any of the persons listed above or on subsequent pages been convicted of a municipal ordinance violation or released from confinement for conviction of a municipal ordinance violation, where such violation involved indecent exposure, prostitution, or sale or use of a controlled substances or illegal drugs or narcotics?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If so, please state the reason/details. \_\_\_\_\_

Within five years prior to the date of submitting this application, have any of the persons listed above or on subsequent pages operating in this or in another city, county or state, had a business license revoked, suspended or denied?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If so, please state the reason/details. \_\_\_\_\_

**7. ALL PERSONS LISTED ON THIS APPLICATION OR ON SUBSEQUENT ATTACHMENTS MUST SUBMIT A CURRENT PHOTOGRAPH. (DRIVERS LICENSES ARE ACCEPTABLE)**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**8. APPLICANT MUST PROVIDE A CERTIFICATE OF INSURANCE, WHICH SHALL PROVIDE FOR LIABILITY INSURANCE WITH A COMBINED SINGLE-LIMIT POLICY OF \$500,000.00. THE CITY SHALL BE NAMED AS AN ADDITIONAL INSURED. THE POLICY SHALL CONTAIN AN ENDORSEMENT REQUIRING THE INSURANCE COMPANY TO NOTIFY THE CITY IN WRITING OF ANY CHANGES OR CANCELLATION OF THE POLICY AT LEAST TEN DAYS PRIOR THERETO.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**9. APPLICANT MUST PROVIDE A COPY OF A CURRENT SALES TAX CERTIFICATE.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

STATE OF KANSAS            )  
COUNTY OF SEWARD        )

I, \_\_\_\_\_, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. Furthermore, I hereby agree to comply with all laws of the State of Kansas, and all rules and regulations prescribed by the City of Liberal, and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules and regulations.

By signing below, I acknowledge that I have received a copy of Chapter 5, Business Regulations, Article 9, Adult Entertainment Businesses of the Code of the City of Liberal, Kansas.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public  
My appointment expires: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY:**

Police:            \_\_\_\_\_ APPROVED            \_\_\_\_\_ DENIED            \_\_\_\_\_ DATE  
Building:         \_\_\_\_\_ APPROVED            \_\_\_\_\_ DENIED            \_\_\_\_\_ DATE  
Fire:             \_\_\_\_\_ APPROVED            \_\_\_\_\_ DENIED            \_\_\_\_\_ DATE  
Health:           \_\_\_\_\_ APPROVED            \_\_\_\_\_ DENIED            \_\_\_\_\_ DATE  
City Manager:    \_\_\_\_\_ APPROVED            \_\_\_\_\_ DENIED            \_\_\_\_\_ DATE  
or his designee

CASH \_\_\_\_\_            CHECK NO. \_\_\_\_\_            AMT. PAID \_\_\_\_\_            DATE PD. \_\_\_\_\_

REC # \_\_\_\_\_            BY: \_\_\_\_\_

CURRENT CLUB/CMB LICENSE #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

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