



## Catering License Application

Date of Application: \_\_\_\_\_ Effective Date of License: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Mailing Address, if Different: \_\_\_\_\_

State Alcohol and Beverage Control License #: \_\_\_\_\_

### OWNERSHIP INFORMATION

IF CORPORATION, LIST INFORMATION FOR LOCATION MANAGER, PRESIDENT OR CEO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License #/State Issued: \_\_\_\_\_

**PLEASE INITIAL EACH ITEM BELOW INDICATING THAT YOU HAVE READ AND WILL COMPLY WITH THE FOLLOWING AS REQUIRED BY SHAWNEE MUNICIPAL CODE 5.08.450**

\_\_\_\_\_ Prior to any event at which a caterer sells or serves alcohol by the individual drink in the City of Shawnee, the caterer will notify the Chief of Police at 11110 Johnson Drive in writing at least five working days prior to the event. The notice should contain the following:

- The location
- The group sponsoring the event
- The exact date and times the event will be catered

### CATERING LICENSE FEE

File your application with your remittance. Make check or money order payable to City of Shawnee, and mail to Community Development, 11110 Johnson Drive, Shawnee, Kansas 66203

**ANNUAL CATERER LICENSE TAX**

**\$500.00**

**I declare under penalty of false statement that to the best of my knowledge and belief the statements made herein are correct and true.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_



## Emergency Contact Information

Sometimes it may be necessary for the Police Department to contact authorized personnel of your business after normal business hours. Please list at least two (2) persons that can be contacted by the Police Department, should it become necessary. They should have door keys and be able to respond to assist officers if needed.

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

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

Business Telephone: \_\_\_\_\_

**First Contact Name:** \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Second Contact Name:** \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Third Contact Name:** \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Do you have an alarm system?     Yes     No

If yes, what type?     Robbery     Burglary

Alarm Company Name: \_\_\_\_\_

Alarm Company Telephone: \_\_\_\_\_

Date: \_\_\_\_\_    Signature: \_\_\_\_\_

**If you would prefer future update requests via your business e-mail, please supply your e-mail address:** \_\_\_\_\_

Print this form, complete the information and return it to the Community Development Department at City Hall.