



# City of Lawrence

  

## Hospitality License Application

APPLICANT INFORMATION					
Name of Individual Owner, Partnership or Corporation:					
<i>Please provide a list of the names, addresses, and contact information, of all officers, directors, partners, or members.</i>					
BUSINESS INFORMATION					
Name of Business to be Licensed (DBA):				E-Mail Address:	
Business Address	Street:	City:	State:	Zip:	Business Phone:
Business Mailing Address	Street:	City:	State:	Zip:	24-Hour Phone:
APPLICANT					
Name:		Phone Number:		E-Mail Address:	
ON-SITE MANAGER					
Name:		Phone Number:		E-Mail Address:	
FEE					
<input type="checkbox"/> Parklet Hospitality Area		Number of spaces:		x \$1000 =	
<input type="checkbox"/> Sidewalk Hospitality Area		Square feet of area:		x \$5 =	

**PLEASE INCLUDE:**

- Fee
- Certificate of Insurance
- Written permission of all owners of record (if applicable)
- License Agreement (for new license)

I hereby agree to comply with the rules and regulations concerning Sidewalk and Parklet Hospitality Areas. I have read Chapter 6 Article 12 of the City Code of the City of Lawrence and understand the regulations therein. All documents required by the City Code have been submitted with this application and a site plan has been/will be (**circle the correct statement**) submitted to the Lawrence Douglas County Metropolitan Planning Office for approval. It is further understood that the Hospitality License fee shall neither be pro-rated nor refunded.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 APPLICANT'S NAME (Printed)

\_\_\_\_\_  
 DATE



# City of Lawrence

## Hospitality License Application Property Owner(s) of Record/Equitable Owner(s) Permission

Name of Business:		Name of Business Owner:			Email Address:
Owner Address	Street:	City:	State:	Zip:	Phone:

<b>As OWNER of the property occupied by the above referenced business establishment, I do not hold any objection to the stated business establishment's Hospitality License.</b>					
Owner Name:		Owner Signature:			Date:
Owner Address	Street:	City:	State:	Zip:	Phone:

<b>As OWNER of the property occupied by the above referenced business establishment, I do not hold any objection to the stated business establishment's Hospitality License.</b>					
Owner Name:		Owner Signature:			Date:
Owner Address	Street:	City:	State:	Zip:	Phone:

<b>As OWNER of the property occupied by the above referenced business establishment, I do not hold any objection to the stated business establishment's Hospitality License.</b>					
Owner Name:		Owner Signature:			Date:
Owner Address	Street:	City:	State:	Zip:	Phone:

<b>As OWNER of the property occupied by the above referenced business establishment, I do not hold any objection to the stated business establishment's Hospitality License.</b>					
Owner Name:		Owner Signature:			Date:
Owner Address	Street:	City:	State:	Zip:	Phone: