





**4. Historical Information**

Has the applicant, applicant's spouse, partner or partner's spouse ever been convicted of pleaded guilty to a felony under the law of this state, or any other state, or of the United States, or forfeited a bond to appear in court to answer charges for any such offense within ten (10) years immediately prior to application for this license?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give the jurisdiction in which convicted, the offense for which convicted, the date of the conviction and the circumstances thereof:

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Has the applicant, applicant's spouse, partner or partner's spouse ever had a license denied, revoked, or suspended for cause by the City or any other state or local agency within five (5) years immediately prior to application for this license?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, the reason and date:

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**5. Items required that must accompany this application:**

- A. *Site plan for business that displays surrounding area within 200 feet.***
- B. *Copy of lease for the business property if applicable.***
- C. *License Fee: \$500.00 made payable to the City of Olathe.***

I affirm the listed and attached information is true and correct and hereby authorize the City and its agents and employees to seek information and conduct an investigation into the truth of the statements in this application and obtain any such other information as may be necessary to determine the applicant's qualifications for a license in accordance with the provisions of Chapter 5.43 of the Olathe Municipal Code. I further acknowledge that making a false, misleading or fraudulent statement on this application will be grounds for denial or revocation of this license.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed to this

\_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature and Seal

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\_\_\_\_\_  
Partner's Signature

\_\_\_\_\_  
Partner's Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner's Signature

\_\_\_\_\_  
Partner's Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed to this

\_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature and Seal