

APPLICATION FOR SMOKING LOUNGE

Applicants/Business Name _____ Phone # _____

Address _____ Website _____

Location of Lounge (if different then above): _____ McPherson, KS
67460 Location's Phone Number: _____

Legal Description _____ attached Zoning Classification _____

Designated Local Agent:

Last First Middle

Address

Street Mobile Phone

City Home Phone

State Zip Code Drivers License # Date of Birth email address

Are 65% or more of your gross receipts from the sale of tobacco/smokeless tobacco products?

_____Yes _____No

Other affiliated locations both current and past locations of Smoking lounge(s) this includes out-state licenses:

License Type	Location (City, State)	Licensee	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any license violations of K.S.A. 21-6109 et seq (Smoke-Free Air Law) issued either to the applicant, any owners, the corporation or entity for the preceding three (3) years and any criminal offense involving drugs or controlled substances as required by Code 38-82(c):

Where	Date	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Is the proposed location monitored off site by interconnected and properly functioning smoke detectors in each room?

_____ Yes _____ No

Hours of Operation:

Monday _____ to _____

Friday _____ to _____

Tuesday _____ to _____

Saturday _____ to _____

Wednesday _____ to _____

Sunday _____ to _____

Thursday _____ to _____

I, _____, being the applicant for the Smoking lounge
for

_____ located at _____,
Proposed Business Address

STATE OF KANSAS, COUNTY OF MCPHERSON, ss

I, _____, _____
(Name) (Position or Title)

of the _____, do solemnly swear/affirm that I have read the
(Firm, Co-partnership or association/Proposed Business)

above questionnaire, and that all information and answers I have inserted are complete and true to the best of my
knowledge.

(Signature)

SUBSCRIBED AND SWORN to me this _____ day of _____, 20_____

(SEAL)

(Notary Public)

(My commission expires on the _____ day of _____, 20_____)

In addition to the application the following supporting documents shall be attached to the application:

1. A copy of the State issued exemption certificate for the premises; or if a transfer has been applied for, a copy of the application filed with the State.
2. Legal Description of property where lounge will be located.
3. Provide an operational statement outlining the proposed manner in which business will be operated (to include any security/crowd control plans)

