

# ALCOHOLIC LIQUOR APPLICATION

STATE LICENSE NO. \_\_\_\_\_

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

## CHECK ONE

_____ Cereal Malt Beverage (carry-out)	\$ 75.00
_____ Cereal Malt Beverage (on-premises)	\$ 125.00
_____ Cereal Malt Beverage (both)	\$ 175.00
_____ Drinking Establishment	\$ 250.00
_____ Retail Liquor License	\$ 250.00
_____ Private Club	\$ 250.00

### Business Information

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

Mailing Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Applicant Information

Applicant Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone No. \_\_\_\_\_

Spouse's Name (If Applicable) \_\_\_\_\_

### Name, Address & Phone of Property Owner & Lessee on property which business is located

#### Property Owner

Name: \_\_\_\_\_

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

Phone No. \_\_\_\_\_

Lessee of Property Name: \_\_\_\_\_

Address: \_\_\_\_\_ Length of Lease \_\_\_\_\_

Phone No. \_\_\_\_\_

### Financial Information of ALL persons having a financial interest of any kind in the business

MUST be listed below ( if more space is needed attach a separate sheet of paper)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone No. \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

If Corporation, complete the following:

Corporate Name: \_\_\_\_\_

Name of Corporate Resident Agent: \_\_\_\_\_

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

Phone No. \_\_\_\_\_

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

Date of Incorporation \_\_\_\_\_

Provide all of the information below for any or all of the categories.

A) Each Officer

B) Each Director

C) Stockholders owing 25% or more of the corporation.

If additional space is needed, list all required information on a separate sheet of paper.

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

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

Phone No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

I, \_\_\_\_\_, the above named applicant state that I have been a citizen of the United States for at least ten (10) years. I have read the contents of the application and all the information it contains is true and correct. I have read and been provided with a copy of Section 3-108 of the City Code pertaining to the persons ineligible to obtain the license herein applied for, and affirmatively state neither I, nor any other person having an interest in this business, are ineligible to receive a license under its terms. Furthermore, I hereby agree to comply with all the laws of the State of Kansas, and all the rules and regulations presented by you, and I consent to the immediate revocation of my alcoholic liquor license by the proper officials for any violations of such laws, rules or regulations.

\_\_\_\_\_  
Applicant Signature – Must be Notarized

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
My appointment expires on the \_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public

(SEAL)