

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)