



ALCOHOL LICENSE APPLICATION

All fields must be completed.

Applicant Information:

_____ () _____
 Name of Business Applicant's Name Applicant's Cell Phone

 Business Address City State Zip Code

 Mailing Address (if different) City State Zip Code

_____ () _____
 Business Phone Business Fax Website

 Kansas State Sales Tax No. State Alcohol and Beverage Control No.

Owner's Information:

 Owner's Name Driver's License (DL) No. DL State Date of Birth
A color copy will be made of the DL.

 Home Address City State Zip Code

_____ () _____
 Home Phone Cell Phone Email Address

License Information:

NEW RENEW

Drinking Establishment Liquor Store
 Farm Winery Private Club (Type A)
 Farm Winery Outlet Private Club (Type B)

A biennial fee of \$500 is due in full when an application is submitted.

The license is biennial and valid for two calendar years, from January 1, or the date the license is issued, through December 31 of the subsequent year. For renewal licenses, a 5% penalty is added for failure to pay when due, for each month or fraction thereof. Penalties are applicable after January 31.

No business may sell alcohol without a current City and State license

Applicant Agreement and Signature:

I declare under penalty of false statement that to the best of my knowledge and belief, the statements made herein on this _____ day of _____, 20_____ are correct and true.

Name or Owner(s) or Corporation Agent

Signature

Title: Owner, Partner, Manager or CEO

The City will process this request when it is completed and returned with a copy of the State License and the fee.