



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. <small>A color copy will be made of the DL.</small>	DL State	Date of Birth
Home Address	City	State	Zip Code
() Home Phone	() Cell Phone	Email Address	

License Information:

- | | |
|---|--|
| NEW <input type="checkbox"/> | RENEW <input type="checkbox"/> |
| Drinking Establishment <input type="checkbox"/> | Liquor Store <input type="checkbox"/> |
| Farm Winery <input type="checkbox"/> | Private Club (Type A) <input type="checkbox"/> |
| Farm Winery Outlet <input type="checkbox"/> | Private Club (Type B) <input type="checkbox"/> |

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.