

CITY OF HAYSVILLE ALCOHOLIC LIQUOR APPLICATION

State License Number:

Expiration Date:

LICENSE APPLYING FOR:

_____ CEREAL MALT BEVERAGE (CARRY OUT)	\$ 75.00
_____ CEREAL MALT BEVERAGE (ON PREMISES)	\$175.00
_____ DRINKING ESTABLISHMENT (Biennial)	\$500.00
_____ RETAIL LIQUOR LICENSE (Biennial)	\$500.00
_____ PRIVATE CLUB (Biennial)	\$500.00

BUSINESS INFORMATION

Business Name:

Phone Number:

Physical Address:

Mailing Address:

Email Address / Website:

Would you like to receive renewal information by email?
Yes ____ No ____

APPLICANT INFORMATION

Applicant Name:

Spouse's Name:

Home Address:

Date of Birth:

Social Security Number:

Sex:

Male ____ Female ____

Home Phone Number:

Mobile Phone Number:

PROPERTY OWNER / LESSEE INFORMATION

Property Owner Name:

Phone Number:

Mobile Phone Number:

Address:

Lessee of Property Name:

Phone Number:

Mobile Phone Number:

Address:

Length of Lease:

FINANCIAL INFORMATION FOR ALL PERSONS HAVING FINANCIAL INTEREST IN THE BUSINESS

Note: All persons having financial interest in the business must be listed below.
(If more space is needed attach a separate sheet of paper.)

Name:	Spouse's Name:
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Home Address:

Date of Birth:	Social Security Number:	Sex: Male ____ Female ____
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Home Phone Number:	Mobile Phone Number:
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CORPORATION INFORMATION

Corporate Name:	Corporate Resident Agent Name:
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Address:

Date of Incorporation:	Tax ID Number or Social Security Number:
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ADDITIONAL CORPORATION INFORMATION

Provide information for all of the following:
Each Officer; Each Director; Stockholders owning 25% or more of the corporation.

Name:

Home Address:

Date of Birth:	Social Security Number:	Sex: Male ____ Female ____
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Home Phone Number:	Mobile Phone Number:
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I _____, the above named applicant state that I have been a citizen of the United States for at least 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 (of the City), 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____.

Signature of Notary Public

My appointment expires on the ____ day of _____, 20____.

OFFICE USE ONLY

Background investigation completed: _____ Yes _____ No

Police Chief _____ Date _____ City Attorney Initials (If applicable) _____