

CITY OF HAYSVILLE ALCOHOLIC LIQUOR APPLICATION

LICENSE APPLYING FOR:

<input type="checkbox"/> DRINKING ESTABLISHMENT (Biennial)	\$500.00
<input type="checkbox"/> RETAIL LIQUOR LICENSE (Biennial)	\$500.00
<input type="checkbox"/> PRIVATE CLUB (Biennial)	\$500.00
<input type="checkbox"/> TEMPORARY SPECIAL EVENT	\$100.00 per day

State License Number:

Expiration Date:

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:	
Home Address:			
Date of Birth:	Social Security Number:	Sex: Male ___ Female ___	
Home Phone Number:		Mobile Phone Number:	

CORPORATION INFORMATION

Corporate Name:		Corporate Resident Agent Name:	
Address:			
Date of Incorporation:		Tax ID Number or Social Security Number:	

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 ___	
Home Phone Number:		Mobile Phone Number:	

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.

State of _____ County of _____	Applicant Signature _____ Date _____
Signed before me on _____, 20____ By _____	My appointment expires on the _____ day of _____, 20____ (seal)
_____ (Signature of Notary Public)	

OFFICE USE ONLY

Application received: _____	By: _____	Receipt #: _____	City Attorney _____
Background investigation completed: _____	Yes _____	No _____	Police Chief _____ Date _____