

# CITY OF HAYSVILLE ALCOHOLIC LIQUOR APPLICATION

## LICENSE APPLYING FOR:

_____ DRINKING ESTABLISHMENT (Biennial)	\$500.00
_____ RETAIL LIQUOR LICENSE (Biennial)	\$500.00
_____ PRIVATE CLUB (Biennial)	\$500.00

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 \_\_\_\_\_

Signed before me on \_\_\_\_\_, 20\_\_\_\_  
By \_\_\_\_\_  
(Signature of Notary Public)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
My appointment expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(seal)

**OFFICE USE ONLY**

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