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CEREAL MALT BEVERAGE ON-PREMISE SPECIAL EVENT RETAILERS' PERMIT

Please allow 30 days for processing time.

Date: _____

City License, 455 N. Main – 1st Floor, Wichita, KS 67202 Kansas Sales Tax Registration Number: _____
 (316) 268-4553

Type of Business (select one): Individual Corporation LLC Partnership LLP, Trust or Other

	<u>Permit Fee</u>	<u>State of Kansas Excise Tax</u>	<u>Total</u>
On-Premise Special Event Retailers' Permit (per Day)	\$40.00	\$25.00	\$65.00

SPECIAL EVENT LOCATION: _____

SPECIAL EVENT DATE(S) AND HOURS: _____

1. Applicant Information (must be completed for person signing application):

Name				Social Security Number			
Home Address						Zip	
Home Phone		DOB		Race		Gender	
Spouse's Name				Social Security Number			
Spouse's Maiden Name (if applicable)				DOB			

- How long have you been a resident of Sedgwick County, Kansas? _____
- How long have you been a resident of the City of Wichita, Kansas? _____

2. License Application Information – All correspondence regarding the license will be mailed to this address.

Business Entity Name			Contact Person				
Business Mailing Address							
City	County			State	Zip Code		
Business Phone No.				Email Address			

3. Location Information:

Location DBA Name							
Location Street Address							
City	County			State	Zip Code		
Business Phone No.				Email Address			

4. Financial Information: List any persons other than the applicant or a partner, corporate officer, director, or stockholder owning 25% or more of stock who has a financial interest of any kind in the business. If additional space is needed, please list on a separate sheet of paper.

Name				Social Security Number			
Address						Zip	
Phone		DOB		Race		Gender	

5. Special Event Manager (the person who is responsible for and in charge at the special event):

Name				Social Security Number			
Address						Zip	
Phone		DOB		Race		Gender	

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6. Primary contact person to whom the City will direct inquiries:

Last Name	First Name	Middle Name	Position	
City			State	Zip Code
Daytime Phone		Email Address		

7. Within 2 years immediately preceding the date of this application, none of the individuals identified in Sections 3 & 4 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness; (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law. ____ Yes ____ No

8. None of the individuals identified in Sections 3 & 4 were managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license or permit revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas. ____ Yes ____ No

9. All of the individuals identified in Sections 3 & 4 are at least 21 years of age. ____ Yes ____ No

10. I have attached a site plan detailing the area of the special event to be permitted. ____ Yes ____ No

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

 Applicant's Signature

 Date

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE