



City Clerk's Office  
 300 W. Ash, Rm. 206  
 P.O. Box 736  
 Salina, KS 67402-0736  
 (785) 309-5735

For office use only:  
 Licensing Year: \_\_\_\_\_  
 License No.: \_\_\_\_\_

## APPLICATION FOR AN ALCOHOLIC LIQUOR LICENSE

\_\_\_\_\_ DRINKING ESTABLISHMENT    \_\_\_\_\_ LIQUOR RETAILER  
 \_\_\_\_\_ CLASS A CLUB                    \_\_\_\_\_ CLASS B CLUB

\_\_\_\_\_  
 BUSINESS NAME

\_\_\_\_\_  
 BUSINESS ADDRESS (Street) (City) (State) (Zip)

\_\_\_\_\_  
 MAILING ADDRESS (Street) (City) (State) (Zip)

\_\_\_\_\_  
 BUSINESS PHONE ALTERNATE PHONE

\_\_\_\_\_  
 OWNERS NAME OWNERS PHONE

\_\_\_\_\_  
 OWNER ADDRESS (Street) (City) (State) (Zip)

I AM (CHECK AND COMPLETE CORRECT CLASSIFICATION):

- an individual
- agent for \_\_\_\_\_, a corporation,
- agent for \_\_\_\_\_, a limited liability company,
- general partner for \_\_\_\_\_, a partnership,

and holder of license issued by the State of Kansas and the City of Salina, Kansas (the "Licensee") for the premises located at the above business address (the "Licensed Premises"). Please attach list of offices, partners, or agents. (List not needed for individual).

STATE LICENSE NO.: \_\_\_\_\_

FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_

**\*\*PLEASE ATTACH COPY OF STATE LICENSE\*\***

I agree to comply with the requirements of all the City Ordinances and regulations relating to the operation of such place of business. I agree to give any duly authorized representative of the City of Salina, Kansas free access to my premises for the purpose of inspection.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

For office use only:

Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_ By: \_\_\_\_\_

The foregoing application (approved/disapproved) by the City Clerk.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 City Clerk