



**CEREAL MALT BEVERAGE, OR BEER CONTAINING NOT MORE THAN 6% ALCOHOL BY VOLUME ON-PREMISE SPECIAL EVENT RETAILERS' PERMIT**

*Please allow 30 days for processing time.*

[www.wichita.gov](http://www.wichita.gov)

Date: \_\_\_\_\_

City License, 455 N. Main – 1<sup>st</sup> 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>	(plus)	<u>State of Kansas Excise Tax</u>
On-Premise Special Event Retailers' Permit	\$40.00 (per day)	+	\$25.00

SPECIAL EVENT LOCATION: \_\_\_\_\_

SPECIAL EVENT DATE(S) AND HOURS: \_\_\_\_\_

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

Name		Last 4 digits of Social Security Number	
Home Address			Zip
Home Phone	DOB	Race	Gender
Spouse's Name	Last 4 digits of 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		Last 4 digits of 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		Last 4 digits of Social Security Number	
Address			Zip
Phone	DOB	Race	Gender

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Page 2

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		

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