



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

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>	(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			

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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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