



**OFF PREMISES BUSINESS PERMIT  
LICENSE APPLICATION**

Permit will not be issued for  
Longer than five day duration

CITY LICENSE 455 N. Main-1st Floor Wichita, Ks 67202  
(316) 268-4553

**Application For License As:**

Off Premises Business Permit \$75.00

**(Only Three Off Premises Business Permits available in  
a calendar year.)**

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

New: \_\_\_\_\_

Renewal: \_\_\_\_\_

This application must be accompanied with either Pawnbrokers, Second Hand or Precious Metal Dealers License. License number or date applied: \_\_\_\_\_

**SECTION I - BUSINESS INFORMATION:**

Business Name		Phone	
Mailing Address		Zip Code	
Address of Off Premises Sale		Zip Code	
Days of off Premises Operation		Hours of Sale	

**SECTION II - APPLICANT INFORMATION:** The information below must be completed for the following persons:

- **The applicant;**
- **Each partner in a partnership; and**
- **Each principal stockholder in a corporation.**

Name including middle name		Home Phone	
Aliases and/or Maiden Name		Date of Birth	
Residential Address		Zip Code	
Spouse's Name including middle name		Spouse's Date of Birth	
Email			

Has any person listed on this application under Section I or Section II:

- Been convicted of or plead guilty to any felony under the Kansas Criminal Code or pursuant to the laws of any city, state or of the United States or shall have forfeited his bond to appear in Court to answer charge for any such offense within ten years immediately preceding the date of making this application? **Yes** \_\_\_ **No** \_\_\_
- Been convicted of or plead guilty to a misdemeanor crime of robbery, theft, forgery, burglary, consumer fraud, securing execution of a document by fraud or deception, or any other similar offense pursuant to the laws of any city, state or of the United States within ten years immediately preceding the date of making this application? **Yes** \_\_\_ **No** \_\_\_
- Had a license revoked for cause under the provisions of this ordinance? **Yes** \_\_\_ **No** \_\_\_

With the exception of any spouse listed:

- Is any person listed NOT a citizen of the United States? **Yes** \_\_\_ **No** \_\_\_
- Is there any person listed on this application under the age of 21? **Yes** \_\_\_ **No** \_\_\_

IF THE ANSWER TO ANY OF THE ABOVE MENTIONED QUESTIONS IS "**YES**", EXPLAIN **IN DETAIL** ON A SEPARATE SHEET OF PAPER.

**SECTION III - HOLDING LOCATION:**

Per Section 3(i):

Address where articles are held		Zip Code	
Contact Person		Phone Number	
Local Law Enforcement Agency		City/State	

I hereby certify that I have read and am familiar with the ordinances of the City of Wichita and with the requirements thereof as they pertain to my license. Further, under penalty of perjury, I certify that all information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE