

**The State of Kansas distinctly identifies Cereal Malt Beverage as being different than alcohol. Cereal Malt Beverage License is a different process and a different application. If this is an application for Cereal Malt Beverage, please refer to those applications.**

**Retail Liquor Stores have application & approval, and renewal processes, similar to other retail business activities. This application is not applicable to retail liquor stores.**

**This application is for establishments with alcohol consumption on the premises.**

**If this is application for a new license and establishment, the process begins with application, inspections, and approvals for a business, as noted on our main page.**

**For businesses renewing an existing license and tax, we should have copy on file as applicable of:**

**Articles of Incorporation**

**By-Laws**

**Partnership Agreement**

**Lease for at least ¾ of the license period**

**Diagram of Premises**

**Resident Agent Designation**



**Unless there have been changes in organization/operation or a new lease executed, these do not need to be re-submitted with renewal. If changes have occurred, we need a copy of those changes and/or supporting board minutes and documentation regarding those changes. If Resident Process Agent has changed, new appointment must be completed (form can be found at the last page).**

**If the establishment is in the 2<sup>nd</sup> year of their state license we should have already on file a copy of the most recent state application and issued state license. If any changes have been submitted to Alcohol Beverage Control, we need copy of those submissions.**

**If the state license has also been renewed at this time, submit copies of the state renewal application and newly issued state license with this application.**

**Resident Agent needs to be listed on the 2<sup>nd</sup> page of the application and must meet qualifying requirements**

#### **GENERAL REQUIREMENTS FOR NEW ALCOHOL APPLICATIONS**

1. Articles of Incorporation (if applicant is a corporation)
2. By-Laws of Corporation (if applicant is a corporation)
3. Partnership Agreement (if applicant is a partnership)
4. Articles of Organization (if applicant is an LLC)
5. Copy of Kansas State Alcohol License
6. Copy of Kansas State Alcohol application
7. Lease covering at least ¾ of license period, or proof of ownership of property
8. Complete diagram of premises showing where alcohol is stored or served
9. Resident agent designation forms if applicant is not a qualified resident of Wyandotte County. Qualified applicants or resident agents must be a United States citizen for at least 10 years, a resident of Kansas for at least 1 year, and a current resident of Wyandotte County. Applicant or resident agent must not have convictions or forfeiture of bond on any felony or offense of moral turpitude. Additionally, applicant or agent must not have convictions of driving under the influence, or other alcohol related charges within 2 years of application.





## BUSINESS LICENSE DIVISION

Neighborhood Resource Center

Unified Government of Wyandotte County/ Kansas City, Kansas

4953 State Avenue, Kansas City, Kansas 66102

p. (913) 573-8780 | f. (913) 573-8622 | [www.wycokck.org/businesslicense](http://www.wycokck.org/businesslicense)

Office Use 11-17

Parent Record # \_\_\_\_\_

### APPLICATION TO SELL ALCOHOLIC BEVERAGES

For which license(s) are you applying?

**\$250.00 Annual Tax**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Class A Private Club           | <input type="checkbox"/> 5. Drinking Establishment or Public Venue |
| <input type="checkbox"/> 2. Class B Private Club           | <input type="checkbox"/> 6. Hotel (entire premises)                |
| <input type="checkbox"/> 3. Caterer                        | <input type="checkbox"/> 7. Caterer/Hotel                          |
| <input type="checkbox"/> 4. Caterer/Drinking Establishment | <input type="checkbox"/> 8. Temporary Permit                       |

Which license(s) do you currently hold?

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Class A Private Club           | <input type="checkbox"/> 5. Drinking Establishment or Public Venue |
| <input type="checkbox"/> 2. Class B Private Club           | <input type="checkbox"/> 6. Hotel (entire premises)                |
| <input type="checkbox"/> 3. Caterer                        | <input type="checkbox"/> 7. Caterer/Hotel                          |
| <input type="checkbox"/> 4. Caterer/Drinking Establishment | <input type="checkbox"/> 8. Temporary Permit                       |

### FOR OFFICE USE ONLY

Establishment Name \_\_\_\_\_ Establishment Status  
Renewed  Renewal  Delinquent

Alcohol License Type:      Renewal       New

Tax Record Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Record Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Included to SEU for renewal:

- \_\_\_\_\_ copy of most recent ABC 800
- \_\_\_\_\_ copy of current State License
- \_\_\_\_\_ verified lease is current
- \_\_\_\_\_ verified same agent or new designation

Disposition: Date Mailed: \_\_\_\_\_ Picked Up By: \_\_\_\_\_ Delivered To: \_\_\_\_\_

**ALCOHOLIC BEVERAGE APPLICATION**

PLEASE PRINT THE FOLLOWING INFORMATION.

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

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ U.S. Citizen? YES  NO

Length of Residences in United States? \_\_\_\_\_ Kansas? \_\_\_\_\_ Wyandotte County? \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description of property:

\_\_\_\_\_

Is legible diagram of premises attached? YES  NO  ON FILE

Owner of premises where alcohol is to be served: \_\_\_\_\_

Address of owner: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

If applicable, state length of lease under which applicant is operating. \_\_\_\_\_ Year(s)

Lease expires on: \_\_\_\_\_

Is copy of lease attached? YES  NO  ON FILE

Is applicant a qualified resident? YES  NO

If not a qualified resident, Agent must be appointed.

Driver's License #

Name and address of Resident Process Agent: \_\_\_\_\_

\_\_\_\_\_

Length of Residences in United States? \_\_\_\_\_ Kansas? \_\_\_\_\_ Wyandotte County? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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*If the answer to any of the questions below is YES, please attach an explanation to this form.*

**Has applicant, board member, or partner ever been convicted of a felony?**

**YES  NO**

**Has applicant, board member or partner ever been convicted or pleaded guilty to a violation of any of the liquor laws of the City of Kansas City, Kansas, or any State or Federal Liquor laws?**

**YES  NO**

**Has applicant, board member, or partner ever been convicted or pleaded guilty to any felony or a violation pertaining to moral turpitude, a sex offense, crime against public morals, crime affecting public trust, racketeering or any of the offenses against the decency of the community. "Offenses against the decency of the community" and offenses of moral Turpitude" mean and includes those felonies, misdemeanors, or municipal Ordinances alleging or involving prostitution, pimping, lewd and lascivious behavior, indecent exposure, illegal use, possession or sale of narcotics, marijuana, or any and all controlled substances as that is defined at Chapter 65 Article 41 of the Kansas Statutes Annotated, sodomy, incest, pandering, gambling and crimes against nature; or a person who has forfeited bond to appear in Court to answer charges for any of these crimes.**

**YES  NO**

**Has applicant, board member, or partner been convicted of any misdemeanor violation of the laws of the United States, or any State, or any political subdivision pertaining to intoxicating, or alcoholic liquor or cereal malt beverage within five (5) years of the date of this application, or been convicted of two (2) violations of the ordinances of any city, anywhere, regulating any city alcoholic or intoxicating liquor or cereal malt beverage law within two (2) years of the date of this application?**

**YES  NO**

**Has any previous license been revoked?**

**YES  NO**

**If yes, when and where:** \_\_\_\_\_  
\_\_\_\_\_

**Has any previous license been denied?**

**YES  NO**

**If yes, when and where:** \_\_\_\_\_  
\_\_\_\_\_

**Continue to page 5**

**MIXING AND DISPENSING INFORMATION**  
*(ATTACH ADDITIONAL INFORMATION SHEET IF NEEDED)*

List all personnel, including the Manager, who are involved in the mixing or dispensing of Alcoholic Liquor. **PLEASE PRINT LEGIBLY.**

Name	Address City, State, Zip	Position	Race	Sex	D.O.B

Questions below pertain to each person listed as mixers or dispensers. If the answer to any of these questions is YES, please attach an explanation to this form.

Has any person been adjudged guilty of a felony or a violation pertaining to moral turpitude?  
YES  NO

Has any person been adjudged guilty of al violation of any intoxication liquor law within two (2) years of this date?  
YES  NO

**APPLICATION TO SELL ALCOHOLIC BEVERAGES**

**PERSONAL OATH**

STATE OF KANSAS)  
COUNTY OF \_\_\_\_\_ )

I \_\_\_\_\_, the above named applicant, being first duly sworn, upon oath deposes, that he or she is the authorized agent of the above named establishment; that he or she has read the above information sheet and any other documents attached; knows the contents thereof and that all statements therein contained are true.

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

Subscribed in my presence and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

