APPLICATION FOR TEMPORARY SALES OF
ALCOHOLIC BEVERAGES

1.   This application must be received by the License Division at least seven (7) days prior to the event for which the Temporary Permit is to be used.
2.   A Kansas State Temporary Alcoholic Beverage Permit must be acquired prior to the issuance of a City Temporary Alcoholic Beverage Permit.
3.   Please print the following information.

DATE :_____   DATE(S) OF EVENT:_____

APPLICANT'S NAME:_____

APPLICANT'S ADDRESS:_____

PHONE #_____ CITY:_____ ST:_____ ZIP:_____

APPLICANT'S DATE OF BIRTH:_____ AGE:_____

LOCATION OF EVENT:_____

INDICATE BELOW THE HOURS ALCOHOLIC BEVERAGES WILL BE SOLD AND CONSUMED EACH DAY
(ALCOHOLIC BEVERAGES CAN ONLY BE SOLD OR CONSUMED BETWEEN THE HOURS OF 9:00 AM AND 2:00 AM)

DAY 1   BEGINNING TIME OF EVENT:_____   ENDING TIME OF EVENT:_____
DAY 2   BEGINNING TIME OF EVENT:_____   ENDING TIME OF EVENT:_____
DAY 3   BEGINNING TIME OF EVENT:_____   ENDING TIME OF EVENT:_____

FOR THE FOLLOWING QUESTIONS, PLEASE CIRCLE THE APPROPRIATE RESPONSE.

1.   The event is (1) private (2) open to the public.
2.   The type of event is a (1) Dance (2) Picnic (3) Concert (4) Other_____
3.   The event will be held (1) Inside (2) Outside   (3) Other _____
4.   Anticipated number of persons attending: _____
5.   Admission charge/donation: _____
6.   Type of entertainment: (1) Stereo or Electronic Reproduction, (2) Disc Jockey (3) Band (4) Other _____
7.   Estimated gross receipts from this event _____
8.   Explain the purpose of this event and the use of proceeds:_____

_____

9.   Does the applicant have State Temporary Permit to sell alcoholic Beverages ( ) YES ( ) NO
       If YES, State Permit Number _____   Date of State Permit _____
10.   Has applicant been issued a temporary alcohol any time in the past 12 months? ( ) YES ( ) NO
       If yes, list below the dates and location of the events:_____

_____

I certify that the information I have provided on this application is true. I further certify that the sale and consumption of Alcohol in relationship with this temporary permit will not violate any city or state ordinances.

_____
SIGNATURE OF APPLICANT

_____
KANSAS DRIVER'S LICENSE NUMBER