



CITY OF MERRIAM, KANSAS
APPLICATION FOR ANNUAL CITY CATERER LICENSE

This application and all associated documents and fees shall be submitted to the City Clerk, Merriam City Hall, 9001 W. 62nd Street, Merriam, Kansas 66202, before business is begun under an original state liquor license and within five (5) days after any renewal of a state license as set forth in the Merriam City Code.

Documents that must be submitted to the City Clerk prior to consideration of this application:

Complete and signed application (incomplete applications will not be considered)
Annual license fee as established in the City of Merriam Schedule of Fees
Employee list (Employee Registration Form)
Copy of state caterer's license

APPLICANT INFORMATION:

Applicant Name: _____ Business Name: _____

Mailing Address: _____
(City) (State) (Zip Code)

Physical Business Address (if different): _____
(City) (State) (Zip Code)

Business Phone No.: _____ Business Fax No.: _____

Other Phone No.: _____

Contact Person's Name: _____ Position: _____

Contact Person's Address: _____
(City) (State) (Zip Code)

Contact Person's Phone No.: _____

State Caterer License No. _____ Expiration Date: _____

City Caterer License No. (if renewal): _____

Emergency Contact Information:

Name: _____ Relationship to Applicant/Business: _____ Telephone Number: _____

I, _____, the above-named applicant, or in my official capacity of _____ for the above-named applicant, hereby agree to comply with all of the laws, rules and regulations prescribed by the City of Merriam, and hereafter to be prescribed by the City of Merriam, relating to alcoholic beverages, and do hereby consent to the immediate revocation of a City-issued caterer license by the proper officials for the violation of such laws, rules or regulations. I also agree to submit a complete Notice of Operation form to the Chief of Police at least five (5) days prior to each event at which alcoholic beverages will be sold pursuant to a City-issued caterer license. I agree that failure to submit timely Notice of Operation form will prevent the sale and serving of alcoholic liquor pursuant to such license.

Signature of applicant or individual making application on behalf of applicant if other than individual

COUNTY OF: _____

STATE OF: _____

Subscribed and sworn to before me, a Notary Public in and for said county and state, this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

FOR OFFICIAL USE ONLY:

Date application received: _____

Copy of State Caterer License attached:

Yes ☐ No ☐

Annual license fee paid:

Yes ☐ No ☐

Employee list attached:

Yes ☐ No ☐

Any known conflicts with alcoholic beverage ordinances of the City?

Yes ☐ No ☐

If yes, explain _____

Application approved this _____ **day of** _____, **20**__ **by** _____,
_____.
(official position)

Authorized Signature