

## CITY OF MERRIAM, KANSAS APPLICATION FOR CITY DRINKING ESTABLISHMENT LICENSE

This application and all associated documents and fees shall be submitted to the City Clerk, Merriam City Hall, 9001 W. 62<sup>nd</sup> 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 drinking establishment license

## **BUSINESS INFORMATION:**

Business Name:				
Business Address (Physical A	Address of Licensed Premises):_			
Mailing Address (if different)	):			
•		(City)	(State)	(Zip Code
Business Phone No.:		Business Fax No.:		
APPLICANT INFORMA	ATION:			
Applicant's Name:Applicant's Address:				
Mailing Address (if different)		(City)	(State)	
Applicant's Phone No.:			(State) ax No.:	
State Liquor License No		Expiration D	ate:	
Merriam Local Liquor Lic	ense No. (if renewal):		<u> </u>	
Emergency Contact Inform	nation:			
Name:	Relationship to Appl	Relationship to Applicant/Business:		Telephone Number:

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I,	the above-named applicant, or in my			
official capacity of	for the above-named applicant, hereby agree to			
	lations prescribed by the City of Merriam, and hereafter			
to be prescribed by the City of Merriam.	relating to alcoholic beverages. In addition, I agree to			
- · · · · · · · · · · · · · · · · · · ·	ode and the City of Merriam Zoning Code. I also hereby			
•	he right to inspect the licensed property for compliance			
with said regulations.	e fight to inspect the needsed property for compliance			
with said regulations.				
	Signature of applicant or individual making			
	application on behalf of applicant if other than			
	individual			
COLINTY OF				
COUNTY OF: STATE OF:				
STATE OF.				
Subscribed and sworn to before me, a Notary I	Public in and for said county and state,			
thisday of, 20	· · · · · · · · · · · · · · · · · · ·			
	<u> </u>			
Notary Public				
My Commission Expires:				
My Commission Expires.	<del>_</del>			
FOR OFFICIAL USE ONLY:				
Date application received:				
Copy of State Liquor License attached:				
Annual License Esc Daid.				
Annual License Fee Paid:				
Employee List Attached:				
Any known conflicts with alcoholic beverage ord	linances of the City?			
Comments:	Dovelonment?			
Zoming comphance comfrined with Community I Comments:	Development:			
Comments.				
Application approved this	day of, 20by,			
(official position)				

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