



LIQUOR LICENSE APPLICATION
Fee \$500.00

Date _____

Type of License:

New _____ Renewal _____

Class A/Private Club _____

Drinking Establishment _____

Class B/Private Club _____

Liquor Store/Retailer _____

Business Information:

Name of Business _____

Business Address _____

Manager Name (If Applicable) _____

State Liquor License Number _____

Length of time business has been open _____

Social Security # or Tax I.D. # _____

Preferred Contact Number _____

Applicant Information:

Applicant Name _____ DOB _____

Spouse Name _____ DOB _____

Would you prefer to be contacted by email instead of mail? ___Yes ___No

Email Address _____

Address _____

Mailing Address _____

Have you or your spouse been convicted of a felony in the last 2 years? Yes___ No___

Applicant's Signature _____

Office Use Only

Receipt # _____

Inspections:

Date: _____ Fire Marshal (276-1140) Pass _____ Fail _____

Date: _____ Code Enforcement Officer (276-1120) Pass _____ Fail _____

CITY ADMINISTRATIVE
CENTER
301 N. 8TH
P.O. Box 998
GARDEN CITY, KS
67846-0998
620.276.1160
FAX 620.276.1169
www.garden-city.org



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