



APPLICATION FOR
TEMPORARY ALCOHOLIC LIQUOR PERMIT

City of Newton, Kansas

Application is hereby made by the undersigned for the following designated license under the provisions of the Newton City Ordinance No. 4553-05 and applicable provisions of the Temporary permit; authorization of certain sales K.S.A. 16-706, *et seq.*:

- Temporary Alcoholic Liquor Permit (\$25.00)

The application must be accompanied by the appropriate license fee.

1. License to be issued to:

- Individual
- Partnership
- Corporation or other legal entity

2. License to be issued for the following business premises (street address, and any identifiable portion thereof if not for the entire premises at such address):

3. A. If licensee is an individual, provide full name and residence address of licensee and of licensee's spouse:

Licensee: _____

Spouse: _____

B. If licensee is a partnership, provide full name and residence address of each partner and the spouse of each partner:

_____ Partner Spouse

_____ Partner Spouse

_____ Partner Spouse

_____ Partner Spouse

_____ Partner Spouse

_____ Partner Spouse

C. If licensee is a corporation or other legal entity, provide:

Full, official entity name: _____

State of incorporation or organization: _____

Are ownership shares publicly traded? Yes No

Provide the names and residence addresses of each officer, director and manager, and of each owner whether as a shareholder, member or other form of equity interest [**except**, shareholder information is not required for a corporation whose ownership shares are publicly traded]:

4. State the days of the week and hours during which applicant proposes to engage in the sale of alcohol at the licensed location.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

5. Do you certify that applicant is the holder of a valid Retailers Sales Tax Certificate issued by the Director of Revenue pursuant to K.S.A. 79-3608, for the designated place of business for which application for license is being made? Yes No

Sales Tax # _____

FEIN: _____

6. Name and address to where official notifications are to be sent:

[Notifications will be deemed to be received if conveyed to this name and address. Changes to the designated name and address must be provided to the City Clerk in writing.]

Email address to where informational notices may be sent): _____

[Email address not required to be provided.]

AFFIRMATION OF OATH

_____, being first duly sworn, upon oath deposes and says: That such person is the applicant or authorized agent of the applicant who makes the above foregoing application; that such person has read and knows the contents thereof; and that all statements therein contained are true.

(signature)

(printed name)

(date)

STATE OF KANSAS, COUNTY OF HARVEY, SS:

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: