

**City of Bonner Springs**  
**Alcoholic Beverage – Liquor License**  
**Application - \$600**

New Application: \_\_\_\_\_ Renewal Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Sales Tax No. \_\_\_\_\_

Federal ID No. \_\_\_\_\_

Residence: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is applicant a US citizen?  Yes  No

How long has applicant been a resident of? :

Bonner Springs \_\_\_\_\_ State of Kansas \_\_\_\_\_ Wyandotte Co. \_\_\_\_\_

Business Name \_\_\_\_\_

Business Location \_\_\_\_\_

Type of Ownership \_\_\_\_\_

If a corporation, list Board of Directors \_\_\_\_\_

If corporation, are Articles of Incorporation & Bylaws attached?  Yes  No

If partnership, list Partners \_\_\_\_\_

If partnership, is Partnership Agreement attached?  Yes  No

Owner of premises \_\_\_\_\_

Type & length of lease of premises \_\_\_\_\_

Is copy of lease attached?  Yes  No

Registered Agent \_\_\_\_\_

Registered Agent Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are rules of the business/club attached?  Yes  No

Has applicant ever had their state license revoked or been denied to operate a Private Club or Cereal Malt Beverage or Liquor License, as required by the State of Kansas?  Yes  No

Has applicant ever been convicted of a felony?  Yes  No

Has applicant ever been convicted or pleaded guilty to a violation of the Liquor Laws of the city of Bonner Springs, Kansas, or the State of Kansas?  Yes  No

Has applicant ever been convicted or pleaded guilty to any felony or misdemeanor opposed to decency and morality?  Yes  No

Has applicant been adjudged guilty of drunkenness within two years immediately preceding the date of making this application?  Yes  No

Has applicant been adjudged guilty of driving a motor vehicle while under the influence of intoxicating liquors within two years immediately preceding the date of making this application?  Yes  No

Has any previous license relating to alcoholic liquors, municipal, state or federal, issued to applicant been revoked?  Yes  No or denied?  Yes  No If yes, when and where?

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Is applicant's place of business to be conducted by a manager or agent?  Yes  No  
If yes, give manager/agent's name, age, and residence: \_\_\_\_\_

Has applicant purchased or has he in his possession a special tax stamp from the Federal Government, taxing the sale of alcoholic liquor?  Yes  No

**LICENSE FEE ENCLOSED \$ \_\_\_\_\_**

I, \_\_\_\_\_, the above named applicant, hereby agree to comply with all the laws of the State of Kansas, and all rules and regulations prescribed by you, and hereafter to be prescribed by you, relating to the operation of my business, and do hereby further consent to the immediate revocation of my license by the proper officials, for any violation of such laws, rules or regulations.

\_\_\_\_\_  
Signature of Applicant

**STATE OF KANSAS, COUNTY OF WYANDOTTE, SS**

I, \_\_\_\_\_, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true.

\_\_\_\_\_  
Signature of Applicant

Subscribed & sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

Application approved this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By \_\_\_\_\_, \_\_\_\_\_ of the City Bonner Springs, Kansas.  
(Official Position)

**PERSONNEL INFORMATION**

Name of organization: \_\_\_\_\_ Address:\_\_\_\_\_

List all personnel who are involved in the mixing or dispensing of alcoholic liquor. This includes club manager. Questions contained hereafter pertain to each person listed.

NAME	ADDRESS	POSITION	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Is any person under the age of 21 years?  Yes  No (if yes, which person/persons?)  
\_\_\_\_\_
2. Has any person been adjudged of a felony or of any crime involving a morals charge?  
 Yes  No (if yes, which person?)\_\_\_\_\_
3. Has any person been adjudged guilty of a violation of any intoxicating liquor law within two years of this date?  Yes  No (if yes, which person?)  
\_\_\_\_\_

I agree that whenever a new person is employed by the above-named club or organization for the purpose of mixing or dispensing alcoholic liquor on other than a temporary basis, the club or organization will provide the City of Bonner Springs within five (5) days of such employment the information contained in this sheet pertaining to such employee.

**STATE OF KANSAS, COUNTY OF WYANDOTTE, SS:**

\_\_\_\_\_, being first duly sworn, upon oath deposes and states:  
That he is the authorized agent of the above named organization; that he has read the above information sheet, knows the contents thereof and that all statements therein contained are true.

\_\_\_\_\_  
Signature of Applicant

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires\_\_\_\_\_