

Please submit this form to:
City Clerk
419 N Broadway
785-263-2550
shayla@abilenecityhall.com



THIS FORM IS REQUIRED TO RECEIVE YOUR CITY LICENSE

Retail Liquor License, Chapter 3, Article 6

City Biennial License, Application Fee \$500.00
(fee can be paid ½ at time of issuance of license with balance
plus 10% interest due one year from license issuance date)

**** A Copy of the State of Kansas Liquor Store License is required****

Name of Establishment _____

Address _____

Phone _____ State License #. _____

Name of Manager _____ SS# _____

Date of Birth _____ Home Address _____

Home Phone _____

License Application Date _____ License Expiration Date _____

Date License approved _____

Signature of Applicant _____