

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



**THIS FORM IS REQUIRED TO RECEIVE YOUR CITY LICENSE**

**Drinking Establishment, Chapter 3, Article 5**

**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 Drinking Establishment 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 \_\_\_\_\_