



P.O. Box 86, 803 Eighth St. | Baldwin City, KS 66006 | (785) 594-6427 | FAX 594-6586 | www.baldwincity.org

**City of Baldwin City, Kansas  
Alcohol License Application**

Application is hereby made for a  Drinking Establishment  Retail Liquor license from the City of Baldwin City, Kansas.

If a corporation or partnership, please attach a list of names, addresses and birth dates of all officers/partners.

Name of Business to be licensed: _____			
Address: _____			
Street	City	State	Zip
Mailing Address: _____			
Street	City	State	Zip
Premises are: <input type="checkbox"/> Owned <input type="checkbox"/> Leased (if leased, please attach a copy of your current lease)			

Is the establishment within 500 feet of a church, school, or library (measured from building to building)?  Yes  No

**The place of business will be managed by:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

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

Length of Kansas Residency: \_\_\_\_\_

I hereby certify the above information to be true and correct to the best of my knowledge. I have attached a copy of the current license from the State of Kansas and the appropriate fee has been paid to the City Clerk's office. It is understood that should the ownership or location of this establishment change or the status of the establishment change for any reason, this license is null and void and the fees are not refundable or prorated.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

\*\*\*\*\*

**For office use only:**

All documents and appropriate fee received this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

License issued this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
City Clerk