

WABAUNSEE COUNTY, KANSAS

215 Kansas, PO Box 278, Alma, KS 66401 (785) 765-2421

APPLICATION FOR TEMPORARY PERMIT

This application and fee must be received in the Wabaunsee County Clerk's Office at least 14 days prior to the date of the event for which the Temporary Permit is to be used.

On-Premise (4 per year) Charitable Auction (1 per year)
1 day - \$25.00 2 day - \$50.00 3 day - \$75.00

1. Please print name and address of sponsoring corp/organization/individual: Please indicate if you are a:

Corporation Individual Organization Partnership

Name

Street Address

City

County

Zip Code

Telephone/Fax

2. What date and hours will alcoholic beverages be sold or consumed each day?

Date

From: (a.m./p.m.)

To: (a.m./p.m.)

Date

From: (a.m./p.m.)

To: (a.m./p.m.)

Date

From: (a.m./p.m.)

To: (a.m./p.m.)

3. Give the address of the location of event. Attach a diagram of the boundaries of the area, if applying for an on premises permit.

Street Address

County

City

Zip Code

4. Have you or any person in the sponsoring organization been convicted of a felony or a violation of the intoxicating liquor or cereal malt beverage laws of Kansas? Yes _____ No _____

5. Have you individually or the organization/corporation been issued a temporary permit within the current year?

Yes _____ No _____ Date: _____ Date: _____ Date: _____

6. Have you individually or the organization/corporation met all the requirements for receiving a temporary permit as outlined in K.A.R. 14-23-3? Yes _____ No _____

7. Explain the purpose of this event and indicate where the proceeds from the sale of alcoholic beverages will be allocated:

8. Indicate the Licensed Kansas retail liquor store or licensed Kansas farm winery from which you will purchase liquor.

(retail liquor stores must have a Federal Wholesaler Permit)

I certify that the information provided on this application is true. I further certify that the sale or consumption of alcoholic beverages in relationship with this temporary permit will not violate any city, county or other local ordinances or zoning restrictions. (Falsifying information on the application can lead to administrative as well as criminal sanctions.)

Designated Person (Print Name) (Daytime Phone)

Social Security Number

Date of Birth

Designated Person (Signature)

Date of Application