

TEMPORARY LIQUOR PERMIT APPLICATION

Pursuant to O.P.M.C., Chapter 5.20

City License No. _____
State License No. _____
Date(s) of Event: _____
Number of Days for event: _____

Date Submitted: _____
Fee: \$ 25.00 PER DAY (Nonrefundable) _____
Amount Paid: _____
Time of event: _____

1. Business Name _____
Telephone No. _____
Address of Event _____
City Overland Park State Kansas Zip _____

Mailing Address (If different from event address) _____
City _____ State _____ Zip _____

On behalf of the business named above:

2. Applicant's Name _____
Telephone No. _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Driver's License No. _____

3. If security personnel is required for event, list location(s) where personnel will be stationed:

4. Are there any anticipated needs for police, fire or other municipal services? No Yes
If yes, explain: _____

5. **If event is being held on private property, please attach written permission for the event and the service of alcohol from the owner of the private property.**

Applicant states that the information provided in this application is true and correct and understands any license issued hereunder may be revoked for providing false information.

Date

Applicant's Signature

Dated this _____ day of _____, _____.

Notary Public

My Appointment expires on the _____ day of _____, _____.

FOR OFFICE USE ONLY:

Date (approved) (rejected) _____

City Clerk