

DATE \_\_\_\_\_  
REC. NO. \_\_\_\_\_  
FEE \$ \_\_\_\_\_  
LIC. NO. \_\_\_\_\_  
APPROVED \_\_\_\_\_

**CITY OF EMPORIA  
ALCOHOLIC RETAILER  
LICENSE APPLICATION  
FEE \$300.00**

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Phone No. \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Business Phone No. \_\_\_\_\_

State License Number \_\_\_\_\_

(Copy of State License Required)

Effective Dates and State License: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date