



701 Washington PO Box 603
Concordia, Kansas 66901

Phone: 785-243-2670
Fax: 785-243-3328

Cereal Malt Beverage Application Information

Please fill out the following information in order to complete the cereal malt beverage application process more efficiently. Return this form along with your application and fee.

Business: _____ Address: _____

Contact Person: _____ Phone: _____

Mailing Address for Licensing Information (if different from above):

Please List below all owners, proprietors, stockholders, directors, officers, etc.:

| <u>Name</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |
|-------------|----------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

* If paying by check, send **ONE** check for the full amount owed, and please make payable to **CITY OF CONCORDIA**.