

COUNTY OF SEDGWICK

License Tax Form for Class B Club/Drinking Establishment

CORPORATION NAME, IF APPLICABLE

CLUB NAME OR D/B/A: _____ PHONE #: _____

CLUB ADDRESS: _____

NAME OF APPLICANT: _____ PHONE #: _____

APPLICANT'S ADDRESS: _____

OWNERS, DIRECTORS, MANAGERS, ETC.

NAME: _____ PHONE #: _____

ADDRESS: _____

NAME: _____ PHONE #: _____

ADDRESS: _____

NAME: _____ PHONE #: _____

ADDRESS: _____

CLUB TYPE: ___ DRINKING ESTABLISHMENT STATE LIC. # _____
 ___ CLASS B

STATE & COUNTY EXPIRATION DATE: _____

Signature of Applicant

Date

LICENSE TAX FEE OF **\$250** _____ ENCLOSED HEREWITH

Class B/Drinking Establishment License Tax Receipt

RECEIVED OF: _____ \$ _____

DOING BUSINESS AS _____

CLASS B CLUB/DRINKING ESTABLISHMENT LICENSE TAX

STATE LICENSE # _____

STATE & COUNTY EXPIRATION DATE: _____

SEDGWICK COUNTY CLERK