

DATE _____
REC. NO. L2 _____
FEE \$ _____
LIC. NO. _____
APPROVED _____

**CITY OF EMPORIA
ALCOHOLIC RETAILER
LICENSE APPLICATION
FEE \$600.00
2 - YEAR LICENSE**

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 of State License: From _____ To _____

(2 - year license)

Signature of Applicant

Date