



## Catering License Application

Date of Application: \_\_\_\_\_ Effective Date of License: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Mailing Address, if Different: \_\_\_\_\_

State Alcohol and Beverage Control License #: \_\_\_\_\_

### OWNERSHIP INFORMATION

IF CORPORATION, LIST INFORMATION FOR LOCATION MANAGER, PRESIDENT OR CEO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License #/State Issued: \_\_\_\_\_

**PLEASE INITIAL EACH ITEM BELOW INDICATING THAT YOU HAVE READ AND WILL COMPLY WITH THE FOLLOWING AS REQUIRED BY SHAWNEE MUNICIPAL CODE 5.08.450**

\_\_\_\_\_ Prior to any event at which a caterer sells or serves alcohol by the individual drink in the City of Clearwater, the caterer will notify the Chief of Police at 109 Lee in writing at least five working days prior to the event. The notice should contain the following:

- The location
- The group sponsoring the event
- The exact date and times the event will be catered

### CATERING LICENSE FEE

File your application with your remittance. Make check or money order payable to City of Clearwater, and mail to City Clerk, P.O. Box 453, Clearwater, Kansas 67026.

**ANNUAL CATERER LICENSE**

**\$250.00**

**I declare under penalty of false statement that to the best of my knowledge and belief the statements made herein are correct and true.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

05/2025