

APPLICATION FOR LICENSE TO RETAIL CEREAL MALT BEVERAGES

Ellsworth COUNTY, KANSAS, January 23, 1984

TO THE GOVERNING BODY OF THE CITY OF _____, KANSAS

or

THE BOARD OF COUNTY COMMISSIONERS OF Ellsworth COUNTY, KANSAS.

GENTLEMEN-I hereby apply for a license to retail cereal malt beverages in conformity with the laws of the State of Kansas and the rules and regulations prescribed and hereafter to be prescribed by you relating to the sale or distribution of cereal malt beverages; for the purpose of securing a license, I make the following statements under oath:

1. (a) Name of proposed licensee.....

Carrie Swanson

(b) Age.....

(c) Place and date of birth 5-8-28

....., I.....

(d) Residence address R.R. 2 Lincoln

.....

(e) I have been a resident of the State of Kansas.....

6 6 years.

I have been a resident of the City of.....

Lincoln County

6 years.

2. The premises for which the license is desired are located

at Ellsworth Country Club

.....

(a) The legal description of said property is.....

NW 1/4 28 15 8

.....

(b) The street address is.....

Country Club Drive

.....

.....

.....

(c) The building to be used is.....

Ellsworth Country Club

.....

(d) The business will be conducted under the following

name:.....

Ellsworth Country Club

.....

.....

3. The name and address of the owner or owners of the premises upon which the proposed business will be located

is Corporation

The Ellsworth Country Club

.....

.....

4. I am a citizen of the United States. Yes (XX), No ()

(a) My citizenship arises by birth (X),

Naturalization ()

(b) My place of naturalization and the date thereof is

as follows:.....

.....

5. I have (X) , have not () , been convicted of a felony within two years immediately preceding the date of this application.

6. I have () , have not (XX) , been convicted of a crime involving moral turpitude within two years immediately preceding the date of this application.

7. I have () , have not (XX) , been adjudged guilty of drunkenness within two years immediately preceding the date of this application.

8. I have () , have not (XX) been adjudged guilty or entered a plea, or forfeited bond on a charge of driving a motor vehicle while under the influence of intoxicating liquors within two years immediately preceding the date of this application.

9. I have () , have not (XX) , been convicted of a violation of any state or federal intoxicating liquor law within two years immediately preceding the date of this application.

10. My place of business will be conducted by a manager or agent- Yes(XX), No ()

(a) If the answer above is yes, the name, age, and residence of manager or agent is.....

.....

.....

.....

.....

Carrie Swanson

Said manager or agent does (XX) does not () , have the qualifications to have a license issued in his own name. The same to be determined by reference to K. S. A. 41-2703, K. S. A. 41-2702. Specifics concerning his residence, citizenship, and the answers to questions 5 through 9 are as follows:

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License fee of \$ 50.00 is enclosed herewith.

I, **Carrie Swanson**, the above-named applicant, hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by you, and hereafter to be prescribed by you, relating to the sale or distribution of cereal malt beverages, and do hereby agree to purchase all cereal malt beverages from a wholesaler licensed and bonded under the laws of the State of Kansas, and do hereby further consent to the immediate revocation of my cereal malt beverage license, by proper officials, for any violation of such laws, rules or regulations.

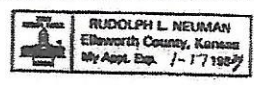
[Signature]
(Signature of Applicant)

STATE OF KANSAS, COUNTY OF **Ellsworth** ss.

I, **Carrie Swanson**, the above-named applicant, do solemnly swear that I have read the contents of this application, and that all information and answers herein contained are complete and true. So help me God.

X *[Signature]*
(Signature of Applicant)

SUBSCRIBED AND SWORN TO before me this **23rd** day of **January** A.D. 19 **84**



[Signature]
(Character of official administering oath)

My commission expires on the _____ day of _____ A.D. 19 _____

APPLICATION APPROVED this **23rd** day of **January** A.D. 19 **84**

By **County Commissioners** *[Signature]* **Vice Chairman**
(Official position)

of **Ellsworth County**, Kansas.
(City or county)

Recorded in Volume **Q**, at page **15**

*Ellsworth County Clerk
1984 Beer Licenses*