

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

City or County of _____

SECTION 1 – LICENSE TYPE

Check One: New License Renew License Special Event Permit

Check One:

License to sell cereal malt beverages for consumption on the premises.

License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required):

I have registered as an Alcohol Dealer with the TTB. Yes (required for new application)

| | | | |
|----------------------------|--|-----------------------------|--|
| Name of Corporation | | Principal Place of Business | |
| Corporation Street Address | Corporation City | State | Zip Code |
| Date of Incorporation | Articles of Incorporation are on file with the Secretary of State. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Resident Agent Name | Phone No. | | |
| Residence Street Address | City | State | Zip Code |

SECTION 3 – LICENSED PREMISE

| Licensed Premise (Business Location or Location of Special Event) | Mailing Address (If different from business address) |
|--|--|
| DBA Name | Name |
| Business Location Address | Address |
| City State Zip | City State Zip |
| Business Phone No. | <input type="checkbox"/> Applicant owns the proposed business location. <input type="checkbox"/> Applicant does not own the proposed business location. |
| Business Location Owner Name(s) | |

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

| | | |
|--------------------------|------------|---------------|
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Age |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Age |
| Residence Street Address | City State | Zip Code |

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

| | | |
|--------------------------|------------|---------------|
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Position | Date of Birth |
| Residence Street Address | City State | Zip Code |

SECTION 5 – MANAGER OR AGENT INFORMATION

| | |
|--|--|
| My place of business or special event will be conducted by a manager or agent. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

If yes, provide the following:

| | | |
|--------------------------|-----------|---------------|
| Manager/Agent Name | Phone No. | Date of Birth |
| Residence Street Address | City | Zip Code |

Manager or Agent Spousal Information*

| | | |
|--------------------------|-----------|---------------|
| Spouse Name | Phone No. | Date of Birth |
| Residence Street Address | City | Zip Code |

SECTION 6 – QUALIFICATIONS FOR LICENSURE

| | |
|--|--|
| <p>Within 2 years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness; (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|--|--|
| <p>Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|--|--|
| All of the individuals identified in Sections 4 & 5 are at least 21 years of age*. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

SECTION 7 – DURATION OF SPECIAL EVENT

| | | |
|------------|------|---|
| Start Date | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| End Date | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM |

Proceed to Section 8 on the next page.

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: 8 ½" by 11" drawing attached.



I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE _____ DATE _____

FOR CITY/COUNTY OFFICE USE ONLY:

- License Fee Received** Amount \$ _____ Date _____
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)
- \$25 CMB Stamp Fee Received** Date _____
- Background Investigation** Completed Date _____ Qualified Disqualified
- Verified applicant has registered with the TTB as an Alcohol Dealer**
- New License Approved** Valid From Date _____ to _____ **By:** _____
- License Renewed** Valid From Date _____ to _____ **By:** _____
- Special Event Permit Approved** Valid From Date _____ to _____ **By:** _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 915 SW HARRISON STREET, TOPEKA, KS 66612.

* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)