

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	FEIN		
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
Email Address(s) Please separate values with a comma.	
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
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If yes, provide the following:

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

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	City and State	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Applies to each partner or member of a firm or association AND their spouses*. Enter lowest residency length number**.

Are all persons identified in Sections 4 & 5 Citizens of the United States*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the person identified in Section 5 currently a resident of Kansas*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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All persons identified in Sections 4 & 5 are at least 21 years old*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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All persons in Sections 4 & 5 have been a Kansas resident for at least _____ years prior to submitting this application.**	
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Within 2 years immediately preceding the date of this application, have any persons identified in Sections 4 & 5 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the partnership, firm or association have a manager, officer, director or stockholder owning in the aggregate more than 25% of the stock of a corporation that has had any license issued pursuant to the Kansas Liquor Control Act, Kansas Club and Drinking Establishment Act or Kansas Cereal Malt Beverage Act, revoked for a violation of such acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the spouse of any partner or member ever been convicted of any of the crimes identified in Section 6 during the time the partner or member held a CMB license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
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End Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
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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 1/2" 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, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship 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)