

**PARTNERSHIP, FIRM OR ASSOCIATION
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 Partnership/Firm/Association | Phone No. |
| Place of Business Street Address | City 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"/> I own the proposed business location. <input type="checkbox"/> I do not own the proposed business location. |
| Business Location Owner Name(s) | |

SECTION 4 – PARTNER AND FIRM/ASSOCIATION MEMBER INFORMATION

List each partner or member of a firm/association and their spouse*, if applicable. Attach additional pages if necessary.

| | | |
|--------------------------|---|---------------|
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |

SECTION 4 – PARTNER AND FIRM/ASSOCIATION MEMBER INFORMATION (CONTINUED)

| | | |
|--------------------------|-------|----------------|
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Spouse Name | Title | 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 or Agent Name | Phone No. | Date of Birth |
| Residence Street Address | City | State Zip Code |
| Manager or Agent Spousal* Information | | |
| Manager or Agent Spouse Name | Phone No. | Date of Birth |
| Residence Street Address | City | State Zip Code |

SECTION 6 – QUALIFICATION FOR LICENSURE

Applies to each partner or member of a firm or association AND their spouses*.

| | |
|--|--|
| Are all persons identified in Sections 4 & 5 are Citizens of the United States*. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have all persons identified in Sections 4 & 5 have been a resident of Kansas for at least one year prior to application*. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have all persons identified in Sections 4 & 5 been residents of this county for at least six months**? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| All persons identified in Sections 4 & 5 are at least 21 years old*? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Within 2 years immediately preceding the date of this application, have any of the 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 |
| Does the partnership, firm or association have a manager, officer or director who was an officer, manager, director or stockholder owning in the aggregate more than 25% of the stock of a corporation that had a CMB license revoked or was convicted of a violation of the Club and Drinking Establishment Act or the CMB laws? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 |

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 partnership/firm/association to complete this application. (K.S.A. 52-601)

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, 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)