

INDIVIDUAL/SOLE PROPRIETOR 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 licenses 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 | Phone No. | Date of Birth |
| Residence Street Address | City | Zip Code |

Applicant Spousal Information

| | | |
|--------------------------|-----------|---------------|
| Spouse Name | Phone No. | Date of Birth |
| Residence 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 – APPLICANT QUALIFICATION

I am a U.S. Citizen Yes No

I have been a resident of Kansas for at least one year prior to application. Yes No

I have resided within the state of Kansas for _____ years.

I am at least 21 years old. Yes No

I have been a resident of this county for at least 6 months. Yes No

Within 2 years immediately preceding the date of this application, neither I nor my spouse* 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. Yes No

My spouse has previously held a CMB license. Yes No

My spouse has never been convicted of one of the crimes mentioned above while licensed. Yes No

SECTION 5 – MANAGER OR AGENT QUALIFICATION

My place of business or special event will be conducted by a manager or agent. Yes 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 |

Qualification Statement

My manager/agent and his/her spouse* meets all of the qualifications in Section 4. Yes No

SECTION 6 – 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 7 on the next page.

SECTION 7 – 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.
(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 the 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)