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**CEREAL MALT BEVERAGE LICENSE
SUPPLEMENTAL INFORMATION APPLICATION
CORPORATION**

Please allow 30 days for processing time.

Date: _____

City License, 455 N. Main – 1st Floor, Wichita, KS 67202
(316) 268-4553

Check one:

	FEES		
	Local	State	Total
____ On-Premise Consumption/Tavern (less than 50% of gross revenues from sale of FOOD)	\$200.00	\$25.00	\$225.00
____ On-Premise Consumption/General/Restaurant (need 50% or more gross revenue from sale of FOOD)	\$200.00	\$25.00	\$225.00
____ Off-Premise Consumption /Retailer (grocery stores, convenience stores, etc.)	\$ 50.00	\$25.00	\$75.00

The State of Kansas Excise Tax is \$25.00.

For On-Premise Consumption/Tavern, is your business located within 300 feet of a church, public park, public or parochial school or residential zoning district? Yes _____ No _____

Are you providing entertainment? Describe. _____

1. Applicant Information (must be completed for person signing application):

Name				Social Security Number			
Home Address						Zip	
Home Phone		DOB		Race		Gender	
Spouse's Name				Social Security Number			
Spouse's Maiden Name (if applicable)					DOB		

- How long have you been a resident of Sedgwick County, Kansas? _____
- How long have you been a resident of the City of Wichita, Kansas? _____

2. Primary contact person to whom the City will direct inquiries:

Last Name	First Name	Middle Name	Position		
City				State	Zip Code
Daytime Phone		Email Address			

3. Financial Information: List any persons other than the applicant or a partner, corporate officer, director, or stockholder owning 25% or more of stock who has a financial interest of any kind in the business. If additional space is needed, please list on a separate sheet of paper.

Name				Social Security Number			
Address						Zip	
Phone		DOB		Race		Sex	

4. Store Manager:

Name				Social Security Number			
Address						Zip	
Phone		DOB		Race		Gender	

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)

Applicant's Signature

Date

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE

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: <input type="checkbox"/> New License <input type="checkbox"/> Renew License	
Check One:	
<input type="checkbox"/> License to sell cereal malt beverages for consumption on the premises.	
<input type="checkbox"/> 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):			
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)	Mailing 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 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	
Within 2 years immediately preceding the date of this application, none 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
None of the individuals identified in Sections 4 and 5 were 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age ¹ .	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:	
<input type="checkbox"/> License Fee Received	Amount \$ _____ Date _____ (\$25 - \$50 for Off-Premise license or \$25-200 for On-Premise license)
<input type="checkbox"/> \$25 CMB Stamp Fee Received	Date _____
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Completed Date _____ <input type="checkbox"/> Qualified <input type="checkbox"/> Disqualified
<input type="checkbox"/> New License Approved	Valid From Date _____ to _____ By: _____
<input type="checkbox"/> License Renewed	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 QUARTERLY REPORT (ABC-301) TO THE ALCOHOLIC BEVERAGE CONTROL, 915 SW HARRISON STREET ROOM 214, TOPEKA, KS. 66625-3512.

¹ Spouse not required to be over 21 years of age. K.S.A. 41-2703(b)(9)