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**CEREAL MALT BEVERAGE LICENSE  
SUPPLEMENTAL INFORMATION APPLICATION**  
INDIVIDUAL/SOLE PROPRIETOR  
Please allow 30 days for processing time.

Date: \_\_\_\_\_

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

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

**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. (K.S.A. 52-601)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE

# 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: <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 licenses premises.

SECTION 2 – APPLICANT INFORMATION		
Kansas Sales Tax Registration Number (required):		
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)	Mailing 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been a resident of Kansas for at least one year prior to application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have resided within the state of Kansas for _____ years.	
I am at least 21 years old.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within 2 years immediately preceding the date of this application, neither I nor my spouse <sup>1</sup> has 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
My spouse has previously held a CMB license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My spouse has never been convicted of one of the crimes mentioned above while licensed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INDIVIDUAL/SOLE PROPRIETOR  
APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES**  
(This form prepared by the Attorney General's Office)

<b>SECTION 5 – MANAGER OR AGENT QUALIFICATION</b>		
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
<b>Manager or Agent Spousal Information</b>		
Spouse Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code
<b>Qualification Statement</b>		
My manager/agent and his/her spouse <sup>2</sup> meets all of the qualifications in Section 4.		<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. (K.S.A. 52-601)**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>FOR CITY/COUNTY OFFICE USE ONLY:</b>	
<input type="checkbox"/> <b>License Fee Received</b> Amount \$ _____ Date _____ ( \$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)	
<input type="checkbox"/> <b>\$25 CMB Stamp Fee Received</b> Date _____	
<input type="checkbox"/> <b>Background Investigation</b> <input type="checkbox"/> Completed Date _____ <input type="checkbox"/> Qualified <input type="checkbox"/> Disqualified	
<input type="checkbox"/> <b>New License Approved</b> Valid From Date _____ to _____ <b>By:</b> _____	
<input type="checkbox"/> <b>License Renewed</b> Valid From Date _____ to _____ <b>By:</b> _____	

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.

<sup>1</sup> If renewal application, applicant's spouse not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)  
<sup>2</sup> Spouse not required to be U.S. citizen, Kansas resident or over 21 years of age. K.S.A. 41-2703(b)(9)