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CEREAL MALT BEVERAGE, OR BEER CONTAINING NOT MORE THAN 6% ALCOHOL BY VOLUME SUPPLEMENTAL INFORMATION APPLICATION

*INDIVIDUAL/SOLE PROPRIETOR
Please allow 30 days for processing time.*

Date: _____

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

Check one:

____ On-Premise Consumption

____ Off-Premise Consumption /Retailer (grocery stores, convenience stores, etc.)

| | FEES | | |
|-----------------------------------|----------|---------|----------|
| | Local | State | Total |
| On-Premise Consumption | \$200.00 | \$25.00 | \$225.00 |
| Off-Premise Consumption /Retailer | \$ 50.00 | \$25.00 | \$75.00 |

The State of Kansas Excise Tax is \$25.00.

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

Will your sales be 50% or more in CMB/beer sales? Yes _____ No _____

Are you providing entertainment? Describe _____

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

| | | | | | | | |
|--------------------------------------|--|-----|--|-----------------------------------------|--|--------|--|
| Name | | | | Last 4 digits of Social Security Number | | | |
| Home Address | | | | | | Zip | |
| Home Phone | | DOB | | Race | | Gender | |
| Spouse's Name | | | | Last 4 digits of 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 | | | | Last 4 digits of Social Security Number | | | |
| Address | | | | | | Zip | |
| Phone | | DOB | | Race | | Gender | |

4. Store Manager:

| | | | | | | | |
|---------|--|-----|--|-----------------------------------------|--|--------|--|
| Name | | | | Last 4 digits of 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: 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, 915 SW HARRISON STREET, TOPEKA, KS 66612.

* 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)