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**CEREAL MALT BEVERAGE LICENSE  
SUPPLEMENTAL INFORMATION APPLICATION  
PARTNERSHIP/FIRM/ASSOCIATION**  
*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:

|   | <u>FEES</u>  |              |              |
|---|--------------|--------------|--------------|
|   | <u>Local</u> | <u>State</u> | <u>Total</u> |
| ____ On-Premise Consumption/Tavern (less than 50% of gross revenues from sale of <b>FOOD</b> )            | \$200.00     | \$25.00      | \$225.00     |
| ____ On-Premise Consumption/General/Restaurant (need 50% or more gross revenue from sale of <b>FOOD</b> ) | \$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                   |  | 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 and that I am authorized by the partnership/firm/association to complete this application. (K.S.A. 52-601)

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

FOR OFFICIAL USE ONLY

|           |                 |
|-----------|-----------------|
| LICENSE # | DATE            |
| TOTAL FEE | EXPIRATION DATE |

**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<br>(Business Location or Location of Special Event) | Mailing Address<br>(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.<br><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              |
| <b>Manager or Agent Spousal* Information</b>                                   |                              |                             |
| 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*:<br>(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, 915 SW HARRISON STREET, TOPEKA, KS. 66612.

\* 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)