

**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: <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 Partnership/Firm/Association | Phone No. | |
| Place of Business 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 – 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 will be conducted by a manager or agent. Yes No

If yes, provide the following:

| | | |
|--------------------------|-----------|----------------|
| Manager or Agent Name | Phone No. | Date of Birth |
| Residence Street Address | City | State Zip Code |

Manager or Agent Spousal Information

| | | |
|------------------------------|-----------|----------------|
| 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. | |
|--|--|
| All persons identified in Sections 4 & 5 are Citizens of the United States ¹ . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| All persons identified in Sections 4 & 5 have been a resident of Kansas for at least one year prior to application ² . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| All persons identified in Sections 4 & 5 are at least 21 years old ³ . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Within 2 years immediately preceding the date of this application, none of the persons 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 |
| The partnership, firm or association does not 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 |
| The spouse of any partner or member has never been convicted of any of the crimes identified in Section 6 during the time the spouse held a CMB license. | <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 partnership/firm/association to complete this application. (K.S.A. 52-601)

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 U.S. citizen. K.S.A. 41-2703(b)(9)
² Spouse not required to be Kansas resident. K.S.A. 41-2703(b)(9)
³ Spouse not required to be over 21 years of age. K.S.A. 41-2703(b)(9)

Clear Form



CITY OF TOPEKA

Tax Status Form

Business owner or representative: Please have the bottom portion of this form filled out by the Shawnee County Treasurer's Office, Real Estate Division (200 SE. 7th, Rm. 101) and return the original to the City Clerk's Office in City Hall (215 E. 7th, Rm. 166). Thank You.

Business Address:

| | | |
|--------|------------|-----|
| Street | City/State | Zip |
|--------|------------|-----|

County Treasurer Staff: Please review the real estate tax liabilities for the above address in Shawnee County and mark their status below.

Real Estate Tax Status:

- Paid
- Delinquent
- In Dispute

REAL ESTATE TAXES

Completed by: _____ Date _____
Signature Date