

**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 \_\_\_\_\_

<b>SECTION 1 – LICENSE TYPE</b>	
Check One: <input type="checkbox"/> New License <input type="checkbox"/> Renew License <input type="checkbox"/> Special Event Permit	
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.	

<b>SECTION 2 – APPLICANT INFORMATION</b>	
Kansas Sales Tax Registration Number (required):	
Name of Partnership/Firm/Association	Phone No.
Place of Business Street Address	City <span style="float:right">Zip Code</span>

<b>SECTION 3 – LICENSED PREMISE</b>	
Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name	Name
Business Location Address	Address
City <span style="float:right">State</span> <span style="float:right">Zip</span>	City <span style="float:right">State</span> <span style="float:right">Zip</span>
Business Phone No.	<input type="checkbox"/> I own the proposed business or special event location. <input type="checkbox"/> I do not own the proposed business or event location.
Business Location Owner Name(s)	

<b>SECTION 4 – PARTNER AND FIRM/ASSOCIATION MEMBER INFORMATION</b>		
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 <span style="float:right">State</span>	Zip Code
Spouse Name	Title	Date of Birth
Residence Street Address	City <span style="float:right">State</span>	Zip Code
Partner/Member Name	Title	Date of Birth
Residence Street Address	City <span style="float:right">State</span>	Zip Code
Spouse Name	Title	Date of Birth
Residence Street Address	City <span style="float:right">State</span>	Zip Code
Partner/Member Name	Title	Date of Birth
Residence Street Address	City <span style="float:right">State</span>	Zip Code
Spouse Name	Title	Date of Birth
Residence Street Address	City <span style="float:right">State</span>	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

<b>SECTION 6 – QUALIFICATION FOR LICENSURE</b>	
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 <sup>1</sup> ?	<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 <sup>2</sup> ?	<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 <sup>3</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All persons identified in Sections 4 & 5 are at least 21 years old <sup>4</sup> ?	<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 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
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 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

<b>SECTION 7 – DURATION OF SPECIAL EVENT</b>		
Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM

**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. 53-601)**

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

FOR CITY/COUNTY OFFICE USE ONLY:	
<input type="checkbox"/> <b>License Fee Received</b> Amount \$ _____ Date _____ (\$25 - \$50 for Off-Premise license or \$25-200 for 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> _____	
<input type="checkbox"/> <b>Special Event Permit Approved</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> Spouse not required to be U.S. citizen. K.S.A. 41-2703(b)(9)  
<sup>2</sup> Spouse not required to be Kansas resident. K.S.A. 41-2703(b)(9)  
<sup>3</sup> Spouse not required to be a resident of the county. K.S.A. 41-2703(b)(9)  
<sup>4</sup> Spouse not required to be over 21 years of age. K.S.A. 41-2703(b)(9)