



City Clerk's Office  
 300 W. Ash, Rm. 206  
 P.O. Box 736  
 Salina, KS 67402-0736  
 (785) 309-5735

<p><b>For office use only:</b>          Licensing Year: _____          License No.: _____          Date Issued: _____</p>
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**CEREAL MALT BEVERAGE LICENSE SUPPLEMENTAL WORKSHEET**

NEW                       RENEWAL                       SPECIAL EVENT PERMIT

BUSINESS/APPLICANT/ORGANIZATION NAME \_\_\_\_\_

BUSINESS/ORGANIZATION ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**NEW/RENEWAL INFORMATION:**

MAILING ADDRESS FOR RENEWALS \_\_\_\_\_

KANSAS SALES TAX NUMBER (REQUIRED BEFORE LICENSE CAN BE ISSUED) \_\_\_\_\_

Principal enterprise of the business: \_\_\_\_\_  
 (Please specify: tavern, grocery store, cafe, private club, etc.)

**SPECIAL EVENT PERMIT INFORMATION:**

LOCATION ADDRESS (SPECIAL EVENT PERMIT ONLY) \_\_\_\_\_

HAS THE ORGANIZATION/APPLICANT BEEN ISSUED A CMB SPECIAL EVENT PERMIT IN THE LAST 12 MONTHS? \_\_\_\_\_  
 IF YES, LIST DATES \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

For Office Use Only:

Consumption on Premises \$200.00 Special Event Permit \$25.00 Amount \$ _____ + \$25.00 State Revenue Stamp = Total Paid \$ _____ Receipt No. _____ Date _____ Received by _____ <p align="center"><b>NOTE: COMPLETE CITY/COUNTY USE BOX ON BACK PAGE</b></p>	Unopened Packages \$50.00
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Certificate of Zoning

**NEW & SPECIAL EVENT PERMIT APPLICATIONS ONLY**

I hereby certify that the above property is presently zoned District \_\_\_\_\_. The above request (IS / IS NOT) permitted in this district.

Date \_\_\_\_\_ Zoning Official \_\_\_\_\_

Certificate of Police Department

I hereby (APPROVE / DISAPPROVE) this application.  
 Date \_\_\_\_\_ Police Department \_\_\_\_\_



**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 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/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

<b>SECTION 6 – 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. (K.S.A. 53-601)**

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 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: _____
<input type="checkbox"/> 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 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)