



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

<p>For office use only: Licensing Year: _____ License No.: _____ Date Issued: _____</p>

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">NOTE: COMPLETE CITY/COUNTY USE BOX ON BACK PAGE</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 _____

**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 <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.	

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 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 or special event location.		
			<input type="checkbox"/> I do not own the proposed business or event 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
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.	
Are all persons identified in Sections 4 & 5 are Citizens of the United States ¹ ?	<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 ² ?	<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 ³ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All persons identified in Sections 4 & 5 are at least 21 years old ⁴ ?	<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

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

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"/> 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: _____
<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.

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 a resident of the county. K.S.A. 41-2703(b)(9)
⁴ Spouse not required to be over 21 years of age. K.S.A. 41-2703(b)(9)