INDIVIDUAL/SOLE PROPRIETOR
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

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 licenses premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required):

Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

Applicant Spousal Information

Spouse Name	Phone No.	Date of Birth
Residence 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.	☐ I own the proposed business location. ☐ I do not own the proposed business location.
Business Location Owner Name(s)	

SECTION 4 – APPLICANT QUALIFICATION

I am a U.S. Citizen	☐ Yes ☐ No
I have been a resident of Kansas for at least one year prior to application.	☐ Yes ☐ No
I have resided within the state of Kansas for _____ years.	
I am at least 21 years old.	☐ Yes ☐ No
Within 2 years immediately preceding the date of this application, neither I nor my spouse[1] has 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.	☐ Yes ☐ No
My spouse has previously held a CMB license.	☐ Yes ☐ No
My spouse has never been convicted of one of the crimes mentioned above while licensed.	☐ Yes ☐ No

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SECTION 5 – MANAGER OR AGENT QUALIFICATION		
My place of business will be conducted by a manager or agent.		☐ Yes ☐ No
If yes, provide the following:		
Manager/Agent Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code
Manager or Agent Spousal Information		
Spouse Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code
Qualification Statement		
My manager/agent and his/her spouse[2] meets all of the qualifications in Section 4.		☐ Yes ☐ No

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct. (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

☐ **New License Approved** Valid From Date _____ to _____ **By:** _____

☐ **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.

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[1] If renewal application, applicant's spouse not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9

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

Clear Form