



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**   
(LIMITED TO TWO (2) EVENTS PER CALENDAR YEAR)

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

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

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

EMAIL ADDRESS \_\_\_\_\_

**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:**

Has the organization/applicant been issued a CMB special event permit in the last 12 months? \_\_\_\_ If yes, list dates \_\_\_\_\_

Location address (SPECIAL EVENT PERMIT ONLY) \_\_\_\_\_

What will the proceeds of the sale of cereal malt beverages be used for? \_\_\_\_\_

**If your event will involve the sale of cereal malt beverages and will be located upon a city street, alley, road, adjoining sidewalk or city property shall be considered a CMB Special Event and shall be subject to these review and approval guidelines.**

How will you (as the event promoter) monitor and prevent possession and/or consumption of cereal malt beverages by a minor?  
 \_\_\_\_ By physical separation \_\_\_\_ Identification methods & distinctive containers \_\_\_\_ By other means proposed by applicant

If the applicant proposes use of identification methods and distinctive containers:  
 Describe the method of which service shall be limited to distinctive containers \_\_\_\_\_

Describe the distinctive containers to be used: \_\_\_\_\_

Describe the method by which adults and minors will be readily distinguished (i.e. wristbands or similarly distinctive method)

- A detailed event description and site plan indicating the following must be submitted with this application:
- Entry & Exit Points
  - Description of the signage, barriers or maps which will be used to designate the area in which cereal malt beverages may be consumed;
  - Location and method of installation of required signage space no greater than twenty feet (20') apart and placed and installed to insure conspicuous notification of event participants and the public of the following:
    - Cereal malt beverage available for purchase beyond this point.
    - It is unlawful for an person to possess or consume alcoholic liquor inside the premises of this event that was not sold or provided by the event license holder.

- It is unlawful to remove any alcoholic liquor from inside the boundaries of this event.
- A representative sample of the required signage to be utilized utilizing easily legible text of a font size of 36 or greater;
- The number and location(s) of all cereal malt beverage sale/distribution points;
- A private security plan commensurate with the size, nature and type of the event which describes staffing to be utilized, staffing numbers, locations and schedule.
- Traffic control plan to prevent vehicular traffic on roadways within the event boundaries.

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

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

For Office Use Only:

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

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 \_\_\_\_\_

<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):		
I have registered as an Alcohol Dealer with the TTB. <input type="checkbox"/> Yes (required for new application)		
Name of Partnership/Firm/Association	Phone No.	
Place of Business Street Address	City	Zip Code
<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                                  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)		
<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                                  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
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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.  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

<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*.	<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*.	<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*?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All persons identified in Sections 4 & 5 are at least 21 years old*?	<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 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 ever been convicted of any of the crimes identified in Section 6 during the time the partner or member 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

Proceed to Section 8 on the next page.

**SECTION 8 – LICENSED PREMISE**

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box:  8 1/2" by 11" drawing attached.



**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:

**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

**Verified applicant has registered with the TTB as an Alcohol Dealer**

**New License Approved**      Valid From Date \_\_\_\_\_ to \_\_\_\_\_      **By:** \_\_\_\_\_

**License Renewed**      Valid From Date \_\_\_\_\_ to \_\_\_\_\_      **By:** \_\_\_\_\_

**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 MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 915 SW HARRISON STREET, TOPEKA, KS. 66612.

\* Applicant's spouse is not required to meet citizenship, residency or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

**Clear Form**