



County Clerk  
Jenna Fager

**RENO COUNTY**  
125 West First Ave.  
Hutchinson, Kansas 67501  
(620) 694-2934  
Fax: (620) 694-2534

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8/26/2025

This letter is to inform you that the Kansas Department of Revenue has changed the process for Cereal Malt Beverage Licensing starting September 1<sup>st</sup>, 2025. This is for the following,

**On-Premises**  
**Off-Premises**  
**Temporary / Special Event**

In order to receive a Cereal Malt Beverage License, you will need to begin the process with the Kansas Department of Revenue, Alcoholic Beverage Control.

You will need to complete and send into the State of Kansas a completed CMB application and the \$25.00 state fee. If you are applying for On-Premises & Off-Premises you will still need to complete two applications, so you would also need to pay two fee charges.

The ABC State of Kansas will review the application and will issue your State of Kansas stamps. They will attach one stamp to your application. They will mail your application and two stamps back to you. Once you receive this in the mail, you will need to bring this application, the two State of Kansas issues stamps and your payment to the Reno County Clerk's Office.

**On-Premises - \$100.00**  
**Off-Premises - \$50.00**  
**Temporary / Special Event - \$25.00**

The Reno County Clerk's Office will then run a background check through the Kansas Bureau of Investigation. If the background check comes back clear, your application will then be taken in front of the Board of County Commissioners. If the BOCC approves your application, you will then be issued your license.

It is our recommendation to begin this process at least 2-months before your license expiration date. The Reno County Clerk's Office will need at least 2 weeks before your license expires in order to put on the agenda for the next BOCC meeting. You will also need to give yourself a buffer of time as you need to apply with the State of Kansas first.

Included with this letter is an application for your license type, Cereal Malt

Beverage Application Checklist & Cereal Malt Beverage print out from the Kansas Department of Revenue website.

If you have any questions about the;

**State of Kansas portion you can contact ;**

Alcoholic Beverage Control  
109 SW 9<sup>th</sup> Street, 5<sup>th</sup> Floor  
P.O. Box 3506  
Topeka, KS 66601

Email: KDOR\_abc.cmb@ks.gov  
Phone: 785-296-7015  
Fax: 785-296-7185  
[www.ksrevenue.gov/abc.html](http://www.ksrevenue.gov/abc.html)

**Reno County portion you can contact:**

Katlynn Leonard  
Reno County Accounts Payable Clerk  
[Katlynn.leonard@renocountyks.gov](mailto:Katlynn.leonard@renocountyks.gov)  
620-694-2934

Valorie Garcia  
Reno County Deputy Clerk  
[Valorie.garcia@renocountyks.gov](mailto:Valorie.garcia@renocountyks.gov)  
620-694-2934

Sincerely,



Jenna Fager  
Reno County Clerk  
[Jenna.fager@renocountyks.gov](mailto:Jenna.fager@renocountyks.gov)

## Cereal Malt Beverage (CMB) Application Checklist

### **Applicant Checklist:**

- Complete the appropriate CMB application on the form prepared by the Office of the Kansas Attorney General as required by K.S.A. 41-2702(c). If applying for both Off-Premises Consumption and On-Premises Consumption, two separate applications are required.
- Submit your completed application form and the \$25 State CMB Stamp fee to the Alcoholic Beverage Control (ABC) at the following address:
  - KDOR - Alcoholic Beverage Control
  - Mills Building
  - 109 SW 9th Street, 5th Floor
  - PO Box 3506
  - Topeka, KS 66601-3506
- Once approved, ABC will affix the State CMB Stamp to the application and mail back to the application with two additional State CMB Stamps for the city/county to affix to the license certificate and report.
- Take the ABC approved CMB application, State CMB Stamps, and applicable CMB license fees to the city or county to apply for the CMB license.
- If your CMB application is approved by the city or county, the city or county will affix the State CMB Stamp to the CMB license certificate.
- After your CMB license has been issued, the city or county will report your license and the effective dates of the license to ABC. ABC will update our records to ensure your State CMB Stamp reflects the effective dates of the CMB license issued by the city or county. You may view current State CMB Stamps and the effective dates at <https://www.kdor.ks.gov/apps/liquorlicensee/Active.aspx>.

### **City or County Clerk Checklist:**

- The application is on the form prepared by the Office of the Kansas Attorney General as required by K.S.A. 41-2702(c).
- The application is complete and has the new State CMB Stamp affixed to it by ABC.
- Collect the appropriate annual license fee. Pursuant to K.S.A. 41-2702(d)(1) and K.S.A. 41-2702(d)(2), the fees schedule is:
  - On-Premises Consumption \$25 - \$200
  - Off-Premises Consumption \$25 - \$50
  - Special Event \$25 - \$200
- Issue the appropriate license certificate and affix the white State CMB Stamp provided by ABC to the licensee. The stamp number must match the stamp number on the application. If the applicant is applying for both an on-premises consumption license and an off-premises consumption license, two applications must be received, and two licenses must be issued.
- Complete your CMB Monthly Report (ABC-307 <https://www.ksrevenue.gov/pdf/abc307.pdf>). Attach the blue State CMB Stamp to the form and complete the information for each CMB license issued for the month you are reporting. Submit the report to ABC. Note: failure to report CMB licenses issued to ABC may result in the State CMB Stamp not reflecting the accurate start date and expiration date, impacting the business' ability to operate.

# Cereal Malt Beverage

[Click here for CMB process changes effective September 1, 2025](#)

## General Information

All Cereal Malt Beverage (CMB) licenses are issued by the city or county clerk where the business or establishment is located. Applicants must first obtain State CMB stamps from the Alcoholic Beverage Control (ABC).

A CMB license allows a person to sell or offer for sale any CMB and beer containing not more than 6% alcohol by volume. CMB is defined in the CMB Act as having not more than 3.2 percent alcohol by weight produced by fermentation and not by distillation.

All CMB license applications must be on forms prepared by the Office of the Kansas Attorney General. Applicants must submit their application forms to ABC to obtain their State CMB stamp then submit to either the city or county in which the establishment or business is located. Upon approval of the CMB license application, the city or county clerk will issue the CMB license and affix the State CMB stamp ABC provided to the applicant.

[City or County Clerks CMB Information](#)

## Cereal Malt Beverage (CMB) Retailer License Application

### Licensee Information

- There are three types of CMB license types.
  - An On-Premise CMB license allows for consumption of CMB and beer containing not more than 6% alcohol by volume on the licensed premise such as a tavern or restaurant.
  - An Off-Premise CMB license allows sales of CMB and beer containing not more than 6% alcohol by volume in the original unopened container for consumption off the licensed premise such as a grocery store or convenience stores.
  - A Special Event permit allows for consumption of CMB and beer containing not more than 6% alcohol by volume on the event premises.
- Contact my [City](#) or [County](#)
- [Kansas Handbook for Cereal Malt Beverage Act](#)
- [ABC-304 CMB Application Check List](#)

### Application Prerequisite

New applicants must be registered for sales tax. You can register and pay your sales tax by clicking on the Kansas Department of Revenue Customer Service Center link in the upper right hand corner of the website or on the link below.

- [Kansas Department of Revenue Customer Service Center](#)
- [Business Tax Application Booklet \(KS-1216\)](#)
- [TTB Alcohol Dealer Registration \(TTB F 5630.5d\)](#)

### CMB Retailer Application Forms

Applications for CMB licenses must be made upon a form prepared by the Office of the Kansas Attorney General, K.S.A. 41-2702(c) The same forms are used whether you are applying for a new CMB license or renewing your existing license.

Forms are available on the Attorney General's website. Click on the appropriate application form below to apply.

1. Print and complete the form or save a copy to your computer. Complete the form then print and sign.
2. Submit the completed form to the ABC with the \$25 State CMB stamp fee.
3. Once you have received your completed application form back from the ABC with your State CMB stamps, submit your application and State CMB Stamps to the city or county clerk along with the appropriate CMB license fee.

- [Individual Application for Cereal Malt Beverage License](#)
- [Firm, Partnership, or Association Application for Cereal Malt Beverage License](#)
- [Corporate Application for Cereal Malt Beverage License](#)

## CMB Retailer License Fee Schedule

Cities or counties may charge a license fee in addition to the \$25 State CMB Stamp fee. The fee schedule is:

- On-Premise CMB license fee: \$25 to \$200. K.S.A. 41-2702(d)(1)
- Off-Premise CMB license fee: \$25 to \$50. K.S.A. 41-2702(d)(2)

## State CMB Stamp

The State CMB stamp must be attached to each CMB license. Without this stamp, the CMB license is not valid. The State CMB Stamp fee is in addition to the license fee.

- State CMB Stamp fee \$25. K.S.A. 41-2702

## Filing Your Sales Tax Return

You may file your sales tax return electronically and remit your sales tax payment electronically using the Kansas Department of Revenue Customer Service Center. You can sign in through the link in the upper right hand corner of [ksrevenue.org](http://ksrevenue.org)

The customer service center is a free, secure and easy way to manage all business tax accounts. Businesses can make electronic payments, file sales, use or franchise tax returns and view online activity.

Contact the Kansas Department of Revenue at 785-296-6993 for further assistance.

### LIQUOR TAX QUESTIONS?

Contact the Miscellaneous Tax Segment at 785-368-8222, Option #5 then option #4 or send email to [KDOR\\_Miscellaneous.Tax@KS.GOV](mailto:KDOR_Miscellaneous.Tax@KS.GOV)

**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  Special Event Permit

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 licensee's premises.

**SECTION 2 – APPLICANT INFORMATION**

Kansas Sales Tax Registration Number (required):

I have registered as an Alcohol Dealer with the TTB.  Yes (required for new application)

Name	Phone No.	Date of Birth
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SSN/EIN	Drivers' License Number
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Email Address(s). Please separate values with comma

Residence Street Address	City	State	Zip Code
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**Applicant Spousal Information**

Spouse Name	Phone No.	Date of Birth
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Residence Street Address	City	State	Zip Code
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**SECTION 3 – LICENSED PREMISE**

<b>Licensed Premise (Business Location or Location of Special Event)</b>	<b>Mailing Address (If different from business address)</b>
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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.
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Business Location Owner Name(s)

**SECTION 4 – APPLICANT QUALIFICATION**

I am a U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I am at least 21 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I have had any license issued pursuant to the Kansas Liquor Control Act, Kansas Club and Drinking Establishment Act or Kansas Cereal Malt Beverage Act revoked for a violation of such acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I have been a resident of Kansas for at least \_\_\_\_\_ years prior to the submission of this application.

Within 2 years immediately preceding the date of this application, neither I nor my spouse* 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
--	--

My spouse has previously held a CMB license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

My spouse has never been convicted of one of the crimes mentioned above while licensed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<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* 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

Proceed to Section 7 on the next page.

**SECTION 7 – 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 ½" 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. (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, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

\* Applicant's spouse is not required to meet the citizenship 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**

**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:  New License  Renew License  Special Event Permit

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 licensed premises.

**SECTION 2 – APPLICANT INFORMATION**

Kansas Sales Tax Registration Number (required):

I have registered as an Alcohol Dealer with the TTB.  Yes (required for new application)

Name of Partnership/Firm/Association

Phone No.

Place of Business Street Address

City

State

Zip Code

Email Address(s). Please separate values with a comma.

FEIN

**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.

I own the proposed business location.

I do not own the proposed business 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.  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

**SECTION 6 – QUALIFICATION FOR LICENSURE**

Applies to each partner or member of a firm or association AND their spouses\*. Enter lowest residency length number\*\*.

Are all persons identified in Sections 4 & 5 Citizens of the United States*.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the person identified in Section 5 currently a resident of Kansas*?	<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
All persons in Sections 4 & 5 have been a Kansas resident for at least _____ years prior to the submission of this application.**	
Within 2 years immediately preceding the date of this application, have any 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, director or stockholder owning in the aggregate more than 25% of the stock of a corporation that has had any license issued pursuant to the Kansas Liquor Control Act, Kansas Club and Drinking Establishment Act or Kansas Cereal Malt Beverage Act, revoked for a violation of such acts?	<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

**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

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, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

\* Applicant's spouse is not required to meet citizenship 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)



# CORPORATE 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 Corporation		FEIN		
Corporation Street Address		Corporation City	State      Zip Code	
Date of Incorporation		Articles of Incorporation are on file with the Secretary of State. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Agent Name		Phone No.		
Residence Street Address		City	State      Zip Code	
<b>SECTION 3 – LICENSED PREMISE</b>				
<b>Licensed Premise</b> (Business Location or Location of Special Event)		<b>Mailing Address</b> (If different from business address)		
DBA Name		Name		
Business Location Address		Address		
City	State	Zip	City      State      Zip	
Email Address(s) Please separate values with a comma.				
Business Phone No.		<input type="checkbox"/> Applicant owns the proposed business location. <input type="checkbox"/> Applicant does not own the proposed business location.		
Business Location Owner Name(s)				
<b>SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK</b> List each person and their spouse*, if applicable. Attach additional pages if necessary.				
Name		Position		Date of Birth
Residence Street Address		City	State	Zip Code
Spouse Name		Position		Date of Birth
Residence Street Address		City	State	Zip Code
Name		Position		Date of Birth
Residence Street Address		City	State	Zip Code
Spouse Name		Position		Age
Residence Street Address		City	State	Zip Code
Name		Position		Date of Birth
Residence Street Address		City	State	Zip Code
Spouse Name		Position		Age
Residence Street Address		City	State	Zip Code

**SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)**

Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code

<b>SECTION 5 – MANAGER OR AGENT INFORMATION</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 and State	Zip Code
<b>Manager or Agent Spousal Information*</b>		
Spouse Name	Phone No.	Date of Birth
Residence Street Address	City and State	Zip Code
<b>SECTION 6 – QUALIFICATIONS FOR LICENSURE</b>		
<small>Applies to each partner or member of a firm or association AND their spouses*. Enter lowest residency length number**.</small>		
Are all persons identified in Sections 4 & 5 Citizens of the United States*?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the person identified in Section 5 currently a resident of Kansas*?		<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
All persons in Sections 4 & 5 have been a Kansas resident for at least _____ years prior to submitting this application.**		
Within 2 years immediately preceding the date of this application, have any 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, director or stockholder owning in the aggregate more than 25% of the stock of a corporation that has had any license issued pursuant to the Kansas Liquor Control Act, Kansas Club and Drinking Establishment Act or Kansas Cereal Malt Beverage Act, revoked for a violation of such acts?		<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 corporation to complete this application. (K.S.A. 53-601)

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, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

\* Applicant's spouse is not required to meet citizenship 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)