

**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 licenses 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
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 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)	

**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

I have been a resident of this county for at least 6 months.  Yes  No

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.  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

**SECTION 5 – MANAGER OR AGENT QUALIFICATION**

My place of business or special event 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\* meets all of the qualifications in Section 4.  Yes  No

**SECTION 6 – 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 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, 915 SW HARRISON STREET, TOPEKA, KS 66612.

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



City of Coffeyville  
P.O. Box 1629  
Coffeyville, Kansas 67337

City Clerk's Office  
620-252-6108 phone  
620-252-6175 fax

www.coffeyville.com  
information@coffeyville.com

### AFFIDAVIT

The following individuals do hereby give their authorization for the City of Coffeyville City Clerk's Office to request information from the Records Department of the Coffeyville Police Department, Coffeyville, Kansas, pertaining to their driving and/or arrest records or the release of copies pertaining to any incident report(s) on file.

Name: \_\_\_\_\_ DL State: \_\_\_\_\_  
PLEASE PRINT OR TYPE

Date of Birth: \_\_\_\_\_ DL #: \_\_\_\_\_

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(seal)

\_\_\_\_\_  
NOTARY PUBLIC

Name: \_\_\_\_\_ DL State: \_\_\_\_\_  
PLEASE PRINT OR TYPE

Date of Birth: \_\_\_\_\_ DL #: \_\_\_\_\_

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(seal)

\_\_\_\_\_  
NOTARY PUBLIC

Name: \_\_\_\_\_ DL State: \_\_\_\_\_  
PLEASE PRINT OR TYPE

Date of Birth: \_\_\_\_\_ DL #: \_\_\_\_\_

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(seal)

\_\_\_\_\_  
NOTARY PUBLIC

Name: \_\_\_\_\_ DL State: \_\_\_\_\_  
PLEASE PRINT OR TYPE

Date of Birth: \_\_\_\_\_ DL #: \_\_\_\_\_

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(seal)

\_\_\_\_\_  
NOTARY PUBLIC