

**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 \_\_\_\_\_

<b>SECTION 1 – LICENSE TYPE</b>
Check One: <input type="checkbox"/> New License <input type="checkbox"/> Renew License
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 licenses premises.

<b>SECTION 2 – APPLICANT INFORMATION</b>		
Kansas Sales Tax Registration Number (required):		
Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code
<b>Applicant Spousal Information</b>		
Spouse Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

<b>SECTION 3 – LICENSED PREMISE</b>	
Licensed Premise (Business Location)	Mailing 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 – APPLICANT QUALIFICATION</b>	
I am a U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been a resident of Kansas for at least one year prior to application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have resided within the state of Kansas for _____ years.	
I am at least 21 years old.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within 2 years immediately preceding the date of this application, neither I nor my spouse <sup>1</sup> 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.	<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



**LICENSE INFORMATION SHEET**

**Please Print**

Full Legal Name: \_\_\_\_\_  
(Name of Licensee or Manager)

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_

State Issued By: \_\_\_\_\_

Male \_\_\_\_\_

Female \_\_\_\_\_