

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)