



City Clerk's Office
 300 W. Ash, Rm. 206
 P.O. Box 736
 Salina, KS 67402-0736
 (785) 309-5735

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|---|
| <p>For office use only: 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 _____ |
| NOTE: COMPLETE CITY/COUNTY USE BOX ON BACK PAGE | |

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 _____

| SECTION 5 – MANAGER OR AGENT QUALIFICATION | | |
|--|-----------|--|
| 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 |
| 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. | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 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. (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)

Clear Form