

**CALL FOR SPECIAL MEETING OF THE GOVERNING BODY OF
THE CITY OF ABILENE, KANSAS
EISENHOWER MUNICIPAL BUILDING
July 26, 2018**

Abilene, Kansas
To The Governing Body

A Special Meeting of the Governing Body is hereby called to be held at the Eisenhower Municipal Building, July 26, 2018, at 2:30 p.m. for the purposes of considering a Cereal Malt Beverage application from the Central Kansas Free Fair Association.

Tim Shafer, Mayor

Dee Marshall, Commissioner

Chris Ostermann, Commissioner

Terry Chaput, Commissioner

Sharon Peterson, Commissioner

**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 Abilene, KS

SECTION 1 – LICENSE TYPE			
Check One: <input type="checkbox"/> New License <input type="checkbox"/> Renew License <input checked="" type="checkbox"/> Special Event Permit			
Check One: <input checked="" 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.			
SECTION 2 – APPLICANT INFORMATION			
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 Partnership/Firm/Association <u>Central Kansas Free Fair Assoc. (CKFF)</u>		Phone No. <u>785-263-4570</u>	
Place of Business Street Address <u>619 N. ROGERS</u>		City <u>Abilene, KS</u>	Zip Code <u>67410</u>
SECTION 3 – LICENSED PREMISE			
Licensed Premise (Business Location or Location of Special Event)		Mailing Address (If different from business address)	
DBA Name <u>Central Kansas Free Fair</u>		Name	
Business Location Address <u>619 N. ROGERS</u>		Address	
City <u>Abilene</u>	State <u>KS</u>	City	State
Zip <u>67410</u>		Zip	
Business Phone No. <u>785-263-4570</u>		<input checked="" 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 – 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 <u>Allison Forsyth</u>		Title <u>CKFF- President</u>	Date of Birth <u>8-22-90</u>
Residence Street Address <u>368 Limestone Road</u>		City <u>Wakefield</u>	State <u>KS</u>
Spouse Name		Title	Date of Birth
Residence Street Address		City	State
			Zip Code
Partner/Member Name <u>Jim Krueger</u>		Title <u>CKFF- Vice President</u>	Date of Birth <u>12-9-52</u>
Residence Street Address <u>1008 2500 Ave</u>		City <u>Abilene</u>	State <u>KS</u>
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*.		
Are all persons identified in Sections 4 & 5 are Citizens of the United States*.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have all persons identified in Sections 4 & 5 have been a resident of Kansas for at least one year prior to application*.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have all persons identified in Sections 4 & 5 been residents of this county for at least six months*?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All persons identified in Sections 4 & 5 are at least 21 years old*?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Within 2 years immediately preceding the date of this application, have any of the 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 checked="" type="checkbox"/> No
Does the partnership, firm or association have a manager, officer or director who was an officer, manager, director or stockholder owning in the aggregate more than 25% of the stock of a corporation that had a CMB license revoked or was convicted of a violation of the Club and Drinking Establishment Act or the CMB laws?	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> No
SECTION 7 – DURATION OF SPECIAL EVENT		
Start Date	Time	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
July 30th - Aug. 6th	6-11:30	
Aug. 5th	12-6	

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 James J. Keueger DATE 7-17-18

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 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)

Central Kansas Free Fair – Alcohol Event Area



