



City of Abilene  
 419 N. Broadway, PO Box 519, Abilene, KS 67410  
 785-263-2550  
 www.abilenecityhall.com

**CEREAL MALT BEVERAGE LICENSE  
 SUPPLEMENTAL INFORMATION APPLICATION**

	FEES		
	Local	State	Total
<input type="checkbox"/> On-Premise Consumption/Tavern (less than 50% of gross revenues from sale of <u>FOOD</u> )	\$200.00	\$25.00	\$225.00
<input type="checkbox"/> On-Premise Consumption/General/Restaurant (need 50% or more gross revenue from sale of <u>FOOD</u> )	\$200.00	\$25.00	\$225.00
<input type="checkbox"/> Off-Premise Consumption/Retailer (grocery stores, convenience stores, etc.)	\$ 50.00	\$25.00	\$ 75.00
<input type="checkbox"/> Temporary Cereal Malt Beverage (on-premises consumption)	\$ 25.00	\$25.00	\$ 50.00

The State of Kansas Excise Tax is \$25.00. State of Kansas Sales Tax # \_\_\_\_\_

For On-Premise Consumption/Tavern, is your business located within 300 feet of a church, public park, public or parochial school or residential zoning district? Yes \_\_\_\_\_ No \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

**Section 1: Applicant information (must be completed for person signing application):**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Spouse's Maiden Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

- How long have you been a resident of Dickinson County, Kansas? \_\_\_\_\_ State of Kansas? \_\_\_\_\_

**Section 2. Financial Information: List any persons other than the applicant or a partner, corporate officer, director, or stockholder owning 25% or more of stock who has a financial interest of any kind in the business. If additional space is needed, please list on a separate sheet of paper.**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**Section 3: Store Manager (must have store manager information to complete background check)**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Spouse's Maiden Name: \_\_\_\_\_ Spouse Social Security No.: \_\_\_\_\_

- How long have you been a resident of Dickinson County, Kansas? \_\_\_\_\_ State of Kansas? \_\_\_\_\_

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 to complete this application.

\_\_\_\_\_  
 Applicant's Signature Date

Approved By City Commission on \_\_\_\_\_