## APPLICATION FOR LICENSE TO RETAIL CEREAL MALT BEVERAGES CITY OF VALLEY FALLS, KANSAS, TO THE CITY COUNCIL OF VALLEY FALLS, KANSAS

I hereby apply for a license to retail cereal malt beverages in conformity with the laws of the State of Kansas and the rules and regulations prescribed and hereafter to be prescribed by you relating to the sale or distribution of cereal malt beverages; for the purpose of securing such license, I make the following statements under oath:

- 1. (a) Name of proposed licensee
  - (b) Age \_\_\_\_\_\_ (c) Place and date of birth \_\_\_\_\_
  - (d) Residence address \_\_\_\_\_
  - (e) I have been a resident of the State of Kansas \_\_\_\_\_ years. I have been a resident of the City of \_\_\_\_\_, County of years.
- 2. The premises for which the license is desired are located at \_\_\_\_\_
  - (a) The legal description of said property is

\_\_\_\_\_

- (b) The street number is
- (c) The building to be used is
- (d) The business will be conducted under the following name \_\_\_\_\_
- 3. The name and address of the owner or owners of the premises upon which the proposed business will be located is
- 4. I am a citizen of the United States Yes () No()
  - (a) My citizenship arises by birth (), naturalization ()
  - (b) My place of naturalization and the date thereof is as follows:
- 5. I have (), have not (), been convicted of a felony within two years immediately preceding the date of this application.

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- 6. I have ( ), have not ( ), been convicted of a crime involving moral turpitude within two years immediately preceding the date of this application.
- 7. I have (), have not (), been adjudged guilty of drunkenness within two years immediately preceding the date of this application.
- 8. I have (), have not (), been adjudged guilty or entered a plea, or forfeited bond on a charge of driving a motor vehicle under the influence of intoxicating liquors within two years immediately preceding the date of this application.
- 9. I have (), have not (), been convicted of a violation of any state or federal intoxicating liquor law within two years immediately preceding the date of this application.
- 10. My place of business will be conducted by a manager or agent - Yes (), No ().
  - (a) If the answer above is yes, the name, age, and residence of manager or agent is

Said manager or agent does (), does not (), have the qualifications to have a license issued to his own name. The same to be determined by K.S.A. 41-2702. Specifics concerning his residence, citizenship, and the answers to questions 5 through 9 are as follows: \_\_\_\_\_

- 11. I have (), have not (), been a resident of this State for at least one year immediately preceding making this application.
- 12. My spouse would () would not (), be eligible to receive a retailer's license.
  - (a) If the answer is would not, explain what the fact or facts are that would cause your spouse to be ineligible.
- 13. This application is for a license to retail cereal malt beverages for consumption on the premises (). For a license to retail cereal malt beverages in original and unopened containers and not for consumption on the premises ().

A license fee of \$\_\_\_\_\_\_ is enclosed herewith.

\_\_\_\_\_, the above-named applicant, hereby agree to comply I, with all of the laws of the State of Kansas, and all rules and regulations prescribed by you, and hereafter to be prescribed by you, relating to the sale or distribution of cereal malt beverages, and do hereby agree to purchase all cereal malt beverages from a wholesaler licensed and bonded under the laws of the State of Kansas, and do hereby further consent to the immediate revocation of my cereal malt beverage license, by the proper officials, for the violation of such laws, rules or regulations. (Signature of Applicant) STATE OF KANSAS, COUNTY OF \_\_\_\_\_, SS. I, \_\_\_\_\_, the above-named applicant, do solemnly swear that I have read the contents of this application, and that all information and answers herein contained are complete and true. So help me God. (Signature of Applicant) SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_ (Character of official administrating oath) My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_\_ APPLICATION APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_ By \_\_\_\_\_\_of the **City of Valley Falls, Kansas** (Official Position)

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for a Cereal Malt Beverage License as may be necessary in arriving at a licensing decision according to Chapter 3, Article 2 of the Valley Falls City Code. In addition, I give my consent for all contacted persons, including current/former employers, to provide information concerning this application, and I release each such person from liability for providing information to the City of Valley Falls.

Signature of Applicant

Date