



Kansas Alcoholic Beverage Control
Licensing Unit
 915 SW Harrison Street, Room 214
 Topeka, KS 66625-3512
 Telephone 785-296-7015 FAX 785-296-7185

MANAGEMENT SERVICES INFORMATION

SECTION 1 – LICENSEE INFORMATION		FEIN	
Licensee DBA Name		License Number	
Location Street Address	City	County	Zip Code
SECTION 2 – MANAGEMENT SERVICES INFORMATION			
Name of Person/Entity Providing Management/Operational Services		FEIN	
Contact Person		Daytime Phone	

The following information must be provided on all owners, officers, shareholders, stockholders, copartners and/or trustees of the entity who will perform management services for the retail liquor licensee. (Attach additional pages as necessary). The percentages of ownership must total 100%.

SECTION 3 – MANAGEMENT SERVICES OWNERSHIP INFORMATION					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
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SECTION 4 – BACKGROUND QUALIFICATIONS	
If the answer to any question is yes, provide explanation on separate page and attach to the form.	
1. Has any person listed in Section 3 been convicted of a felony in Kansas, in any other state, or under federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any person listed in Section 3 been convicted of a morals charge (prostitution; procuring any person; solicitation of a child under 18 for immoral act involving sex; possession or sale of narcotics, marijuana, amphetamines or barbiturates; rape; incest; gambling; adultery; or bigamy) in Kansas or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any person listed in Section 3 had an alcoholic liquor or cereal malt beverage license revoked in Kansas or in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any person listed in Section 3 currently a law enforcement officer or non-elected official who supervises or appoints any law enforcement officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does any person listed in Section 3 have an ownership interest in any other business licensed to sell alcoholic liquor or cereal malt beverage in Kansas or any other state? If so, please provide license number. and state of issue. License Number: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does any person listed in Section 3 not meet the Kansas residency requirement for the type of license applied for? (Class A & B Club, Drinking Establishment – 1 year; Farm Winery, Microbrewery or Retailer – 4 years; Manufacturer – 5 years).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any person listed in Section 3 been a Kansas resident for less than 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5 – TAX CLEARANCE	
Has the applicant obtained their Tax Clearance certificate? *If yes, enter your Tax Clearance confirmation number: _____ **If no, you must request your Tax Clearance certificate. To obtain your tax clearance, go to: http://www.ksrevenue.org/taxclearance.htm	<input type="checkbox"/> Yes* <input type="checkbox"/> No**

Under penalties of perjury, I declare the information contained in this document a true, accurate and complete disclosure of information.

 Licensee Signature Date

 Management Services Signature Date