



KANSAS CEREAL MALT BEVERAGE (CMB) MONTHLY REPORT INSTRUCTIONS

WHO IS REQUIRED TO USE THIS FORM?

All cities and counties are required to file this report on a monthly basis when a CMB license has been issued.

DUE DATE:

The monthly report and remittance is due by the 25th of the month following the report period. The report is only required to be filed when a CMB license has been issued.

KANSAS CMB LICENSE INFORMATION:

Pursuant to K.S.A. 41-2702(c), Cereal Malt Beverage (CMB) applications for a license shall be made upon a form prepared by the Office of the Kansas Attorney General and cannot be created or modified by the city or county. To obtain detailed information and current forms provided by the Attorney General's office, go to:

<http://www.ksrevenue.org/abccmb.html>

There are two types of licenses: On-Premise Consumption and Off-Premise Consumption. **Each license type requires a separate application, State CMB Stamp and License.**

Cereal Malt Beverages cannot be sold without a valid CMB license that has been issued by the city or county where the licensed premise is located. Cities and counties must verify each CMB application, collect the \$25 State CMB Stamp fee for each license and affix the State CMB Stamp to the application and license. The State copy of the State CMB Stamp is affixed to the ABC-307.

INSTRUCTIONS TO COMPLETE THE CEREAL MALT BEVERAGE MONTHLY REPORT (ABC-307):

1. To complete the ABC-307 Cereal Malt Beverage Monthly Report:
 - a. **Report Month.** Check the box for the month you are reporting.
 - b. **Year.** Enter the year you are reporting.
 - c. Complete the demographic information required on the form. Check the appropriate box if you are a city or county office.
 - d. **CMB Licenses Issued.** Enter the information required on the form. Check the appropriate box if you have issued an On-Premise or Off-Premise license.
 - e. Affix the State copy of the CMB Stamp to the "Affix CMB Stamp" box.
2. Read the statement, sign the form, then enter your title and the date you signed the form.
3. Make a copy of the completed report for your records.
4. Attach a copy of the completed Attorney General's CMB application for each license on this report.
5. Attach the \$25 State CMB Stamp fee for each license to your completed report.
6. File your report and remit your payment to the address on the form by the 25th of the following month.

CONTACT INFORMATION:

Questions may be directed to the ABC Marketing Unit.

- Phone: 785-296-7015
- Email: KDOR_ABC.Marketing.Unit@ks.gov

STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL
 109 SW 9th STREET
 P.O. BOX 3506
 TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE
 PHONE: 785-296-7015
 FAX: 785-296-7185
 www.ksrevenue.org/abc.html

KANSAS CEREAL MALT BEVERAGE (CMB) MONTHLY REPORT

REPORT MONTH:	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	YEAR:
	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December	
Office Name			<input type="checkbox"/> City <input type="checkbox"/> County	Contact Person Name			
Mailing Address				City		Zip Code	
Telephone Number				E-Mail Address			

CMB LICENSES ISSUED:

Owner Name		DBA Name			Affix CMB Stamp
Location Address		City	County	Zip Code	
Telephone Number	<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer <input type="checkbox"/> Special Event	Start Date		Expiration Date	

Owner Name		DBA Name			Affix CMB Stamp
Location Address		City	County	Zip Code	
Telephone Number	<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer <input type="checkbox"/> Special Event	Start Date		Expiration Date	

Owner Name		DBA Name			Affix CMB Stamp
Location Address		City	County	Zip Code	
Telephone Number	<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer <input type="checkbox"/> Special Event	Start Date		Expiration Date	

Owner Name		DBA Name			Affix CMB Stamp
Location Address		City	County	Zip Code	
Telephone Number	<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer <input type="checkbox"/> Special Event	Start Date		Expiration Date	

Owner Name		DBA Name			Affix CMB Stamp
Location Address		City	County	Zip Code	
Telephone Number	<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer <input type="checkbox"/> Special Event	Start Date		Expiration Date	

This report must be filed by the 25th day of the following month and submitted with payment and copies of each CMB application attached.

All records shall be maintained for three years and shall be available for inspection by the Director or any agent or employee of the Director or Secretary upon request.

Under penalties of perjury, I declare the information contained in this document represents a true, accurate and complete disclosure of information. I also authorize KDOR to send communications to the e-mail address provided on this form.

SIGNATURE _____ TITLE _____ DATE _____

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ABC Office Use Only:

<input type="checkbox"/> CMB STAMP FEE ENCLOSED	Amount \$ _____	Associate _____	Date _____
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