



MANAGEMENT SERVICES INFORMATION

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

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, **AND the spouses of all submitted persons** (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
Social Security Number		Driver's License Number		DL State		% Ownership
Current Residential Address		City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			E-mail Address			
Spousal Information						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number		Driver's License Number		DL State		% Ownership
Current Residential Address		City	State	County	Zip Code	Daytime Phone

Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number		Driver's License Number		DL State		% Ownership
Current Residential Address		City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			E-mail Address			
Spousal Information						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number		Driver's License Number		DL State		% Ownership
Current Residential Address		City	State	County	Zip Code	Daytime Phone

Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number		Driver's License Number		DL State		% Ownership
Current Residential Address		City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			E-mail Address			
Spousal Information						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number		Driver's License Number		DL State		% Ownership
Current Residential Address		City	State	County	Zip Code	Daytime Phone



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

FEIN _____

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 Microdistillery – 1 year; Retailer – 4 years; Manufacturer – 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is any person listed in Sections 3 not a US Citizen? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5 – TAX CLEARANCE

Has the applicant obtained their Tax Clearance?

Yes No

***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.html>

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