Alcoholic Beverage Control 109 SW 9<sup>th</sup> Street, 5<sup>th</sup> Floor PO Box 3506 Topeka KS 66601-3506



Phone: 785-296-7015 Fax: 785-296-7185 kdor\_abc.licensing@ks.gov www.ksrevenue.gov/abc.html

## **MANAGEMENT SERVICES INFORMATION**

| SECTION 1 – LICENSEE INF   | ODMATI  | ONI   |  | FEIN  |                          |  |  |  |  |  |
|--|---|---|--|---|--------------------------|--|--|--|--|--|
| Licensee DBA Name  |   | License Number  |  |   |                          |  |  |  |  |  |
|  |   |   |  |   |                          |  |  |  |  |  |
| Location Street Address  |   | City  |  | State   | County                   | Zip Code   |  |  |  |  |
| SECTION 2 – MANAGEMENT SERVICES INFORMATION  |   |   |  |   |                          |  |  |  |  |  |
| Name of Person/Entity Providing Manager  | nent/Operatio   | nal Services  |  | FEIN  |                          |  |  |  |  |  |
| Contact Person   |   |   |  | Daytime Phone No  | Daytime Phone Number     |  |  |  |  |  |
|  |   |   |  |   |                          |  |  |  |  |  |
| he following information must be provided on all owners, officers, shareholders, stockholders, copartners and/or trustees of the entity who will perform<br>nanagement services for the retail liquor licensee, AND the spouses of all submitted persons (attach additional pages as necessary). The percentages of<br>wnership must total 100%. |   |   |  |   |                          |  |  |  |  |  |
| SECTION 3 – MANAGEMI   | ENT SEF   | VICES O   | WNERSHIF   | INFORMATIO  | N                        |  |  |  |  |  |
| Last Name  |   | First Name  |  | Middle Name   | Gender                   | Date of Birth  |  |  |  |  |
| Social Security Number   | Driver's Lice   | nse Number  |  | DL State  |                          | % Ownership  |  |  |  |  |
| Current Residential Address  | City  |   | State  | County  | Zip Code                 | Daytime Phone  |  |  |  |  |
| ☐ Married (complete  | coousal infor   |   | E-mail Address   | ,   |                          | ,  |  |  |  |  |
| Marital Status: ☐ Single   | Spousai iinoi   | <u></u>   | L-IIIaii / Idai occ  |   |                          |  |  |  |  |  |
|  |   |   | Spousal Info   |   |                          |  |  |  |  |  |
| Last Name  |   | First Name  |  | Middle Name   | Gender                   | Date of Birth  |  |  |  |  |
| Social Security Number   | Driver's Lice   | nse Number  |  | DL State  | 1                        | % 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 Lice   | nse Number  |  | DL State  |                          | % Ownership  |  |  |  |  |
|  |   |   |  |   |                          |  |  |  |  |  |
| Current Residential Address  | City  |   | State  | County  | 7in Code                 | Daytime Phone  |  |  |  |  |
| Current Residential Address  | City  |   | State  | County  | Zip Code                 | Daytime Phone  |  |  |  |  |
| ☐ Married (complete  | ,   | mation)   | State E-mail Address                                       | County  | Zip Code                 | Daytime Phone  |  |  |  |  |
| ☐ Married (complete  | ,   | mation)   |  | ,   | Zip Code                 | Daytime Phone  |  |  |  |  |
| ☐ Married (complete  | ,   | mation)   | E-mail Address   | ,   | Zip Code Gender          | Daytime Phone  Date of Birth   |  |  |  |  |
| Marital Status: ☐ Married (complete  | ,   | First Name  | E-mail Address   | ormation  |                          |  |  |  |  |  |
| Marital Status: ☐ Married (complete ☐ Single  Last Name  | e spousal infor   | First Name  | E-mail Address   | ormation<br>Middle Name   |                          | Date of Birth  |  |  |  |  |
| Marrial Status: ☐ Married (complete ☐ Single  Last Name  Social Security Number  | e spousal infor   | First Name  | E-mail Address  Spousal Info                               | Ormation  Middle Name  DL State   | Gender                   | Date of Birth % Ownership  |  |  |  |  |
| Marrial Status: ☐ Married (complete ☐ Single  Last Name  Social Security Number  | e spousal infor   | First Name  | E-mail Address  Spousal Info                               | Ormation  Middle Name  DL State   | Gender                   | Date of Birth % Ownership  |  |  |  |  |
| Marital Status: ☐ Married (complete ☐ Single  Last Name  Social Security Number  Current Residential Address   | e spousal infor   | First Name  nse Number  First Name                      | E-mail Address  Spousal Info                               | ormation Middle Name DL State County                                      | Gender  Zip Code         | Date of Birth % Ownership Daytime Phone  |  |  |  |  |
| Marrial Status: ☐ Married (complete ☐ Single  Last Name  Social Security Number  Current Residential Address  Last Name  Social Security Number  | Driver's Lice   | First Name  nse Number  First Name                      | E-mail Address  Spousal Info                               | DL State  County  Middle Name  DL State  County                           | Gender  Zip Code  Gender | Date of Birth % Ownership Daytime Phone  Date of Birth % Ownership                   |  |  |  |  |
| Marital Status: ☐ Married (complete ☐ Single  Last Name  Social Security Number  Current Residential Address  Last Name  Social Security Number  Current Residential Address   | Driver's Lice City  Driver's Lice City                      | First Name Inse Number First Name Inse Number           | E-mail Address  Spousal Info                               | Ormation  Middle Name  DL State  County  Middle Name                      | Gender  Zip Code         | Date of Birth % Ownership Daytime Phone  Date of Birth                               |  |  |  |  |
| Marital Status: ☐ Married (complete ☐ Single  Last Name  Social Security Number  Current Residential Address  Last Name  Social Security Number  Current Residential Address  ☐ Married (complete  | Driver's Lice City  Driver's Lice City                      | First Name Inse Number First Name Inse Number           | E-mail Address  Spousal Info                               | DL State  County  Middle Name  DL State  County                           | Gender  Zip Code  Gender | Date of Birth  % Ownership  Daytime Phone  Date of Birth  % Ownership                |  |  |  |  |
| Marrial Status: ☐ Married (complete ☐ Single  Last Name  Social Security Number  Current Residential Address  Last Name  Social Security Number  Current Residential Address  ☐ Married (complete  | Driver's Lice City  Driver's Lice City                      | First Name Inse Number First Name Inse Number           | E-mail Address  Spousal Info  State  State  E-mail Address | DL State  County  Middle Name  DL State  County  Middle Name  DL State    | Gender  Zip Code  Gender | Date of Birth % Ownership Daytime Phone  Date of Birth % Ownership                   |  |  |  |  |
| Marital Status: ☐ Married (complete ☐ Single  Last Name  Social Security Number  Current Residential Address  Last Name  Social Security Number  Current Residential Address  ☐ Married (complete  | Driver's Lice City  Driver's Lice City                      | First Name Inse Number First Name Inse Number           | E-mail Address  Spousal Info  State                        | DL State  County  Middle Name  DL State  County  Middle Name  DL State    | Gender  Zip Code  Gender | Date of Birth % Ownership Daytime Phone  Date of Birth % Ownership                   |  |  |  |  |
| Marital Status: ☐ Married (complete ☐ Single  Last Name  Social Security Number  Current Residential Address  Last Name  Social Security Number  Current Residential Address  ☐ Married (complete ☐ Single   | Driver's Lice City  Driver's Lice City  City  spousal infor | First Name Inse Number  First Name Inse Number  mation) | E-mail Address  Spousal Info  State  State  E-mail Address | DL State County  Middle Name DL State County  Middle Name DL State County | Gender  Zip Code  Gender | Date of Birth  % Ownership  Daytime Phone  Date of Birth  % Ownership  Daytime Phone |  |  |  |  |

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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?   | □Yes | □ 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? | □Yes | □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?  | □Yes | □ 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?  | □Yes | □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: State:   | □Yes | □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)  | □Yes | □No  |  |  |  |  |
| 7.  | Is any person listed in Sections 3 not a US Citizen? If yes, explain:  | □Yes | □ No |  |  |  |  |
|   |  |      |      |  |  |  |  |
| SECTION 5 – TAX CLEARANCE   |  |      |      |  |  |  |  |
| Has   | the applicant obtained their Tax Clearance?  *If yes, enter your Tax Clearance confirmation number:  **If no, you must request your Tax Clearance certificate.  To obtain your Tax Clearance, go to <a href="http://www.ksrevenue.org/taxclearance.html">http://www.ksrevenue.org/taxclearance.html</a>                        | □Yes | □ No |  |  |  |  |
| Jnder penalties of perjury, I declare the information contained in this document a true, accurate and complete disclosure of information. |  |      |      |  |  |  |  |
| icensee Signature Date  |  |      |      |  |  |  |  |
| Manage  |  |      |      |  |  |  |  |