

LIQUOR LICENSE OWNERSHIP DISCLOSURE

SECTION 1 – ENTITY INFORMATION

1. Is the applicant a municipal corporation?
 Yes – proceed to Section 4 and also complete the Management Services Agreement (ABC-807).
 No – proceed to the next question.
2. Is this a publicly traded company?
 Yes – complete Section 2 for all corporate officers and spouses; and anyone with 5% or more ownership.
 No – proceed to Section 2.
3. Are you applying for a Special Order Shipping or a Fulfillment House license located outside of Kansas?
 Yes – proceed to Section 5.
 No – proceed to Section 2.

SECTION 2 – ENTITY CORPORATE STRUCTURE

List names of all individual owners, partners, officers, directors, stockholders, managing members, anyone with a financial interest and their spouses in the fields below. The percentage(s) of ownership must total 100%, except Class A Clubs will have zero (0) ownership. Attach additional pages of this form as necessary.

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____
Position: _____ Email: _____

Marital Status: Single Married - must complete spousal information below

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____
Position: _____ Email: _____

Marital Status: Single Married - must complete spousal information below

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____



Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____
Position: _____ Email: _____

Marital Status: Single Married - must complete spousal information below

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____
Position: _____ Email: _____

Marital Status: Single Married - must complete spousal information below

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____
Position: _____ Email: _____

Marital Status: Single Married - must complete spousal information below

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____

*Social Security Number – Under the Federal Privacy Act, disclosure of a social security number in this application is voluntary. If no social security number is disclosed, a state issued driver's license number or government issued identification card number must be provided. Pursuant to K.S.A. 39-758 and 74-139, and amendments thereto, any social security number provided may be disclosed to the Director of Taxation and/or the Kansas Department for Children and Families (DCF) for child support enforcement purposes.



SECTION 3 – PARENT COMPANY

1. Is the entity applying controlled by another corporation/company?
 Yes – Complete this section.
 No – Proceed to Section 4.

2. List all corporations/companies with control of the entity applying. If multiple corporations/companies, attach additional pages of this section as necessary.

Business Entity Name: _____ FEIN: _____
Business Entity Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Business Contact Person: _____ Phone Number: _____

3. List the corporate structure for the parent company listed above. Attach additional pages as necessary.

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____
Position: _____ Email: _____
Marital Status: Single Married - must complete spousal information below
Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____
Position: _____ Email: _____
Marital Status: Single Married - must complete spousal information below
Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____



Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____
Position: _____ Email: _____
Marital Status: Single Married - must complete spousal information below
Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____

**SECTION 4 – APPOINTMENT OF PROCESS AGENT WITH POWER OF ATTORNEY
(Required for Corporations, LLCs and applicants who are not Kansas residents)**

The Process Agent must be a Kansas resident, a United States citizen and meet the licensing qualifications for an individual owner. This person can be an owner or officer or any designated person the entity chooses. A process agent will receive services of process and exercise authority of the entity.

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: **Kansas** Zip: _____
% Ownership: _____ Email: _____
Marital Status: Single Married - must complete spousal information below
Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Date of Birth: _____ Social Security Number*: _____
Driver's License Number/State: _____ Phone Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ % Ownership: _____

Signature of Process Agent _____
Date

Printed Name



SECTION 5 – BACKGROUND QUALIFICATIONS

Attach an explanation on a separate page if necessary.

1. Has any person listed in Sections 2, 3, or 4 been convicted of any felony?
 Yes – State of Conviction(s): _____ Case Number(s) _____ Charge(s): _____
 No
2. Has any person listed in Sections 2, 3, or 4 been convicted of a morals charge (prostitution, procuring any person, solicitation of a child for immoral act involving sex, possession or sale of narcotics, marijuana, amphetamines or barbiturates, rape, incest, gambling, adultery, or bigamy)?
 Yes – State of Conviction(s): _____ Case Number(s) _____ Charge(s): _____
 No
3. Has any person listed in Sections 2, 3, or 4 had an alcoholic liquor or cereal malt beverage license revoked in Kansas or in any state?
 Yes – State(s): _____ DBA Names(s) _____ Date of Revocation(s): _____
 No
4. Is any person listed in Sections 2, 3, or 4, not including spouses, currently a law enforcement officer or non-elected official who supervises or appoints any law enforcement officer?
 Yes – Explain: _____
 No
5. Does any person listed in Sections 2, 3, or 4 have an ownership interest in any other business licensed to sell alcoholic liquor in Kansas?
 Yes – DBA Names(s): _____ License/Permit #(s): _____
 No
6. Does any person listed in Sections 2, 3, or 4 have an ownership interest in any other business that holds a cereal malt beverage (CMB) retailer license in Kansas?
 Yes – DBA Names(s): _____ CMB Stamp #(s): _____
 No
7. Is any person listed in Sections 2, 3, or 4 not a United States citizen?
 Yes – Explain: _____
 No

SECTION 6 – OATH

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

Signature of Authorized Person

Date

Printed Name

Title