

County Clerk's Standards

TOPIC: Cereal Malt Beverage Report and License

SUB TOPIC: Reports, License and applications

Introductory Statement: Kansas Department of Revenue, Division of Alcoholic Beverage Control.

Where do I find this information?

Kansas Department of Revenue
Division of Alcoholic Beverage Control
915 SW Harrison St.
Topeka, KS 66625-3512
785-296-7015
Fax 785-296-7185
<http://www.ksrevenue.org/abc.htm>

Why do I need to do this?

This duty is a duty you do as the Secretary to the Board of County Commissioners. Kansas Statutes give the approval of Cereal Malt Beverage Licenses to the Board of County Commissioners which we as clerk (for the most part) are secretaries to the board.

Here's the Duties:

The County Clerk's duty would be to provide applications to the applicant, present it for approval to the board of county commissioners, provide a certificate to applicant and complete required reports for ABC.

Legal Reference(s): K.S.A. 41-2622
K.S.A. 41-2702
K.S.A. 41-342
K.S.A. 41-343
K.S.A. 41-344
K.S.A. 41-345

Best Practices: Provide up to date forms to applicants applying for Cereal Malt Beverage licenses. There are three forms: corporations, partnerships, and individuals. These are found on the web at <http://www.ksag.org>. (Once at this website go to Alcohol and Tobacco Issues.) Here you will find the three reports available. Have the applicant completely fill out the application and pay the required monies. Then

submit the application to the Board of County Commissioners for approval. Depending up on prior practice you may be required to notify the township officers of where the business is located, and/or the County Sheriff. Once the commission has approve the applicant's request for CMB, fix the applicant a Cereal Malt Beverage License (see sample below), which can be designed on computer by you or ordered by Lockwood or other printing companies. You should have received a Cereal Malt Beverage Stamp Packet along with a Cereal Malt Beverage Stamp Report booklet. They are similar to a bank payment book. Inside the CMB Stamp Packet there are 5 rolls with 3 columns, two red and one blue. Attach red and blue stamp (column 1) to the CMB license prior to issuing to applicant. This license is to be posted in sight at the business. Attach blue label (column 2) to your original copy of approved applicant's application. Attach red label (column 3) to upper right hand corner of the state copy of approved applicant's application. Columns 1, 2, and 3 must be used in sequential order for each approved application, beginning with the lowest number first. **Take notice** the numbers in the stamp packet start from bottom to top! Send a copy of the approved application and original license to the applicant. Keep original approved application and a copy of the license for your records. Make a copy of the application to send to KS Department of Revenue, Division of ABC. Keep the state copy to send in when you send the quarterly report. You will have gotten a letter from the Director of Alcoholic Beverage Control along with the Cereal Malt Beverage Stamp Report and the actual Cereal Malt Beverage Stamp Packet (which is the red and blue stamps). Please read the letter completely through and follow the directions given. To keep up with quarterly reports and mail reports to ABC in a timely matter. Mark on your calendar a date when you should be preparing to send before the deadline. Even if you designate someone else to do this you are ultimately responsible.

Background:

We do this to bring revenue into our counties, sales taxes to be exact.

Sample Forms, Letters and Other Reference Material:

February 1, 2007

Dear City/County Clerk:

Enclosed, please find Cereal Malt Beverage Stamps for your distribution. Also enclosed you will find your Cereal Malt Beverage Stamp Report book. If you should need more CMB stamps, please call 785-368-6612. If you find you no longer need Cereal Malt Beverage Stamps, please return them in the enclosed envelope.

An application for a CMB license shall be verified and upon a form prepared by the attorney general of the state. You may obtain the applications from either:

- 1) The Attorney General's website at <http://www.ksag.org>. Once at this website go to Alcohol and Tobacco Issues. Here you will find the three forms available. There are different forms for corporations, partnerships and individuals or
- 2) by calling the Copy Center of Topeka at 785-234-6613

Cities and counties verify the CMB application, collect the \$25.00 stamp fee and affix a state stamp to the application. At the time of application, checks from the applicant are made payable to the city or county. Quarterly, cities and counties then mail the completed, stamped applications and a check made payable to the Kansas Department of Revenue for the total amount of stamps sold during the quarter along with the stamp report. If you do not sell any CMB stamps, you are still required to send in the quarterly report indicating "no sales". Note: Cities and counties can charge an annual license fee for such license which shall be in addition to the stamp fee. The annual license fee charged shall not be less than \$25 nor more than \$200 for licensure of a place of business other than a railway car. For licensure to sell on railway cars, a fee of \$100 shall be charged. The annual license fee charged shall not be less than \$25 nor more than \$50 for a license to sell cereal malt beverages in original unopened containers, and not for consumption on the premises. (K.S.A. 41-2702(d)(1) & (g)).

To help ensure the applicant has registered with the Department of Revenue to collect and remit sales tax which is then **distributed to your city or county**, please ask the applicant to write their Kansas Sales Tax number or Federal Identification number in the upper left-hand corner of the CMB application. *Please help us help you* by ensuring the Kansas Sales tax number or Federal Identification number is noted on the form. If the applicant has not been issued a state sales tax number but has applied, the applicant can write, "applied for" on the CMB application. If they have not applied for a state sales tax number, please instruct them to call the department's forms line at 785-296-4937 or they may download the application from our website at www.ksrevenue.org.

Thank you.



Tom Groneman, Director
Alcoholic Beverage Control
Enc. CMB Stamp(s), CMB Stamp Report

DIVISION OF ALCOHOLIC BEVERAGE CONTROL
DOCKING STATE OFFICE BUILDING, 915 SW HARRISON ST., TOPEKA, KS 66625-3512
Voice 785-296-7015 Fax 785-296-7185 <http://www.ksrevenue.org/abc.htm>

Sample of one of the forms:

(This form prepared by the Attorney General's Office)
(Corporate Application Form)

**APPLICATION FOR LICENSE TO RETAIL CEREAL MALT
BEVERAGES**

_____, _____ COUNTY, KANSAS _____,

TO THE GOVERNING BODY OF THE CITY OF
_____, KANSAS

or

THE BOARD OF COUNTY COMMISSIONERS OF _____
COUNTY, KANSAS

On behalf of the _____
corporation whose principal place of business is _____

_____ and under authority of the
resolution of the Board of Directors of said corporation, I hereby apply for a
license to retail cereal malt beverages in conformity with the laws of the State of
Kansas and the rules and regulations prescribed and hereafter to be prescribed by
you relating to the sale or distribution of cereal malt beverages on behalf of said
corporation; for the purpose of securing such license, I make the following
statement under oath:

1. The proposed licensee is _____
corporation with principal place of business at _____.
The resident agent is _____ with
offices at _____.
Said corporation was incorporated on _____.

2. The following is the full and complete list of officers, directors, stockholders
owning in the aggregate more than 25 percent of corporate stock, and managers of
said corporation together with their positions and addresses, ages, dates of birth,
places of birth, methods of acquiring United States citizenship - if acquired by
naturalization, date and place of naturalization, and the length of residence in the
State of Kansas.

3. The premises for which the license is desired are located at

(a) The legal description of the premises is

(b) The street number is

(c) The building is described as

(d) The corporate business under the license will be conducted in the name of the corporation or in the following name:

4. The name(s) and address(es) of the owner or owners of the premises upon which the place of business is located is/are

5. I hereby certify with regard to each of the persons named in number 2 above the following statements are true:

- (a) None of them has within the last two years from this date been convicted of
- (1) A felony
 - (2) A crime involving moral turpitude
 - (3) Drunkenness
 - (4) Driving a motor vehicle while under the influence of intoxicating liquor
 - (5) Violation of any state or federal intoxicating liquor law

If any of the above have been convicted of any of the above, specified offenses, the details are set out hereinafter.

(b) No manager, officer or director or any stockholder owning in the aggregate more than 25% of the stock of the corporation has been an officer, manager or director, or a stockholder owning in the aggregate more than 25% of the stock of a corporation which:

- (1) has had a retailer's license revoked under K.S.A. 41-2708 and amendments thereto; or
- (2) has been convicted of a violation of The Drinking Establishment Act or the Cereal Malt Beverage Laws of the State.

6. The place of business will be conducted by the following manager or agent:
Name

Address

Residence

Length of residence within this city or county in which the application is being made _____

Method of obtaining U.S. citizenship together with date of naturalization if such is the method

Date and place of birth

I hereby certify that with regard to this above-named manager the statement contained in number 5 above is in every respect true. If not, the details are set out hereinafter.

7. This application is for a license to retail cereal malt beverage for consumption on the premises (). For a license to retail cereal malt beverages in original and unopened containers and not by consumption on the premises ().

A license fee of \$ _____ is enclosed herewith.

I, _____
(Name and position with corporation)

on behalf of the above-named applicant, hereby agree to comply with all laws of the State of Kansas, and all rules and regulations prescribed, and hereafter to be prescribed by you, relating to the sale and distribution of cereal malt beverages, and do hereby agree to purchase all cereal malt beverages from a wholesaler, licensed and bonded under the laws of the State of Kansas, do hereby further consent to the immediate revocation of the cereal malt beverage license issued pursuant to this application by the proper officials for the violation of any such laws, rules or regulations.

(Corporate Seal) _____
(Corporation)

By _____
(Signature and position of individual making application on behalf of corporation)

Attest:

(Secretary of Corporation)

STATE OF KANSAS, COUNTY OF _____, SS.

I, _____, of the
(Signature and official position)
_____, do
(Name of corporation)

solemnly swear that I have read the contents of this application, and that all information and answers herein contained are complete and true. So help me God.

(Signature and official position)
SUBSCRIBED AND SWORN TO before me this _____ day of _____,

(Character of official administering oath)
My commission expires on the _____ day of _____,

APPLICATION APPROVED this _____ day of _____,

By _____
(Official position)

of _____, Kansas
(City or county)

Recorded in Volume _____, at page _____

NOTE: A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE APPLICATION FEE REQUIRED BY K.S.A. 2001 SUPP. 41-2702(e), MUST BE SUBMITTED TO THE : **DIVISION OF ALCOHOLIC BEVERAGE CONTROL BUREAU, KANSAS DEPARTMENT OF REVENUE.**

Sample Licenses:

KEEP THIS LICENSE POSTED CONSPICUOUSLY AT ALL TIMES

Fee, \$ _____ No. _____

DEALER'S **RETAIL** **LICENSE**

2007

TO ALL WHOM IT MAY CONCERN:

License is hereby granted to _____ to sell at retail

CEREAL MALT BEVERAGES

(to be consumed on the premises, or to be sold in original and unopened containers and not for consumption on the premises.)

at _____
(Give exact location, with street number, if any.)

in the Township of _____ in _____ County, Kansas,
Application therefor, on file in the office of the County Clerk of said County, having been approved by the governing body of said Township, as provided by the laws of Kansas, and the regulations of the Board of County Commissioners.

This license will expire _____, unless sooner revoked, is not transferable, nor will any refund of the fee be allowed thereon.

Done by the Board of County Commissioners of _____ County, Kansas,
(SEAL) this _____ day of _____, 20____

Attest: _____
County Clerk Chairman

Form B-374

Sources:

Booklets

Web Sites

http://www.ksag.org/Alcohol_Tobacco.shtml

Organizations

Kansas Department of Revenue
Division of Alcoholic Beverage Control
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Topeka, KS 66625-3512
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