## PARTNERSHIP, FIRM OR ASSOCIATION APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES (This form has been prepared by the Attorney General's Office)

☐ City or ☐ County of	Bel Aire	
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SECTION 1 – LICENSE TYPE	The specific tests of the second seco			
Check One: New License Renew License Special Event Permit				
Check One:  ☐ License to sell cereal malt beverages for consumption on the premises. ☐ License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.				
SECTION 2 - APPLICANT INFORMATION				
Kansas Sales Tax Registration Number (required): 786 49	186		Į <sup>r</sup>	
I have registered as an Alcohol Dealer with the TTB. 🔟 Yes (requir	ed for new application)			
Name of Partnership/Firm/Association	Phone No. (316) 29	5 - 3677		
Place of Business Street Address	City Sta Bel Aire	ate V.G	Zip Code	
Place of Business Street Address  L254 E 37th St N St 180  Email Address(s). Please separate values with a comma.  Seiko 6254 E 9 mail . Com  City State Zip C Bel Aire K5 67220-  FEIN 92 - 1294136			0+110-2055	
SECTION 3 - LICENSED PREMISE  Licensed Premise Mailing Address				
(Business Location or Location of Special Event)	Mailing Address (If different from business address)			
DBA Name Mirai Ramen and Sushi	Name			
Business Location Address 6254 モ 37+4 St N Ste 18ロ	Address			
City Bel Aire State KS 67270	City	State	Zip	
Business Phone No.	I own the proposed but			
(316) 295 - 3677 Business Location Owner Name(s)	☐ I do not own the propo	sed business loc	ation.	
Bel Pointe LLC		- N		
SECTION 4 – PARTNER AND FIRM/ASSOCIATION N List each partner or member of a firm/association and their s	//EMBER INFORMATION  spouse*, if applicable. Attach add	<b>ON</b> litional pages if nec	essary.	
Partner/Member Name Howie Chandra	190WO altiT	<b>.</b>	Date of Birth	
Residence Street Address	City	State	7in Code	
Spouse Name NoviYan Ei Liong	Title	0	Date of Birth	
Residence Street Address	City	State	Zin Code	
Partner/Member Name T	Title		Date of Birth	
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Spouse Name 1.5	Title		Date of Birth	
Adustina Bell		State	Zin Codo	
Residence Street Address	City	State	е	
Partner/Member Name Victor nawawi	Title OWNER		Date of Birth	
Residence Street Address	City	State	7in Code	
Spouse Name Marisa Evanthe	Title		Date of Birth	
Residence Street Address	City	State		

SECTION 4 - PARTNER AND FIRM/ASSOCIATION N	MEMBER INFORMATIO	N (CONTINUED)	
Partner/Member Name Tanto Santoso	Title OWNER		Date of Birth
Residence Street Address	City	State	Zin Code
Spouse Name Mey Vina Liong	Title		Nate of Rirth
Residence Street Address	City	State	Zin Codo
Partner/Member Name NO Name Given Hendry	Title owner		Date of Birth
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Residence Street Address	City	State	Zip Code
Partner/Member Name	Title		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Title		Date of Birth
Residence Street Address	City	State	Zip Code
SECTION 5 – MANAGER OR AGENT INFORMATION			
My place of business or special event will be conducted by a manage	er or agent.	☑Yes	□No
If yes, provide the following:	•		7 =
Manager or Agent Name 20hnny Chandra	Phone No.		Date of Birth
Residence Street Address	City	State	Zin Code
Manager or Agent Spou			
Manager or Agent Spouse Name Agustina S Bell	Phone No.		Date of Birth
Residence Street Address	City	State	7in Code

SECTION 6 – QUALIFICATION FOR LICENSURE  Applies to each partner or member of a firm or association AND their spouses*. Enter lowest residency length number**.				
Are all persons identified in Sections 4 & 5 Citizens of the United States*.			☑ No	
Is the person identified in Section 5 currently a resident of Kansas*?			□No	
All persons identified in Sections 4 & 5 are at least 21 years old*?			□No	
All persons in Sections 4 & 5 have been a Kansas resident for at least 2 years prior to the submission of this application.**				
Within 2 years immediately preceding the date of this application, have any persons identified in Sections 4 & 5 been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*:  (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness: (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law?			⊡∕wo	
Does the partnership, firm or association have a manager, officer, director or stockholder owning in the aggregate more than 25% of the stock of a corporation that has had any license issued pursuant to the Kansas Liquor Control Act, Kansas Club and Drinking Establishment Act or Kansas Cereal Malt Beverage Act, revoked for a violation of such acts?			No No	
Has the spouse of any partner or member ever been convicted of any of the crimes identified in Section 6 during the time the partner or member held a CMB license?			D∕No	
SECTION 7 – DURATION OF SPECIAL EVENT				
Start Date	Time	☐ AM ☐	] PM	
d Date Time		☐ AM ☐	] PM	

Proceed to Section 8 on the next page.

SE	CTION 8 - LICENSED PREM	ISE TO THE REPORT OF THE PARTY	Thus a series	MADER OF THE PERSONS STATE
	e space below, draw the area you wish to rish to license. If you wish to attach a draw			areas. Do not include areas you do
THOL V	isin to license. If you wish to attach a dra-	N	wing attached.	
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		$\frac{\mathcal{X}}{s}$		
	are under penalty of perjury under thorized by the partnership/firm/as			
SIGN	ATURE ATURE		DATE	03/24/2023
Γ	FOR CITY/COUNTY OFFICE USE ONLY	<i>(</i> :		
	License Fee Received Amount \$	Date		
	☐ \$25 CMB Stamp Fee Received Date			
	☐ Background Investigation	Completed Date	☐ Qualified	☐ Disqualified

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

Valid From Date \_\_\_\_\_\_ to \_\_\_\_\_ By: \_\_\_\_\_

Valid From Date \_\_\_\_\_\_ to \_\_\_\_\_ By: \_\_\_\_\_

Valid From Date \_\_\_\_\_\_ to \_\_\_\_\_ By: \_\_\_\_\_

<sup>\*</sup>Applicant's spouse is not required to meet citizenship or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)

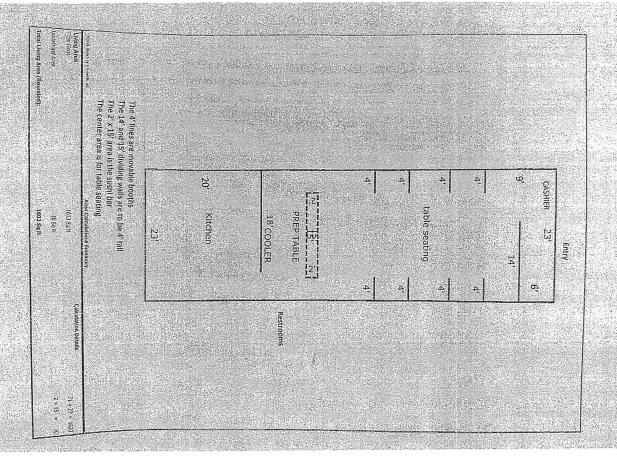


☐ Verified applicant has registered with the TTB as an Alcohol Dealer

☐ New License Approved

☐ Special Event Permit Approved

☐ License Renewed



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