

**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

**SECTION 1 – LICENSE TYPE**

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 4986

I have registered as an Alcohol Dealer with the TTB. ☒ Yes (required for new application)

Name of Partnership/Firm/Association

Seiko LLC

Phone No.

(316) 295 - 3677

Place of Business Street Address

6254 E 37th St N Ste 180

City

Bel Aire

State

KS

Zip Code

67220-2055

Email Address(es). Please separate values with a comma.

seiko6254@gmail.com

FEIN

92 - 1294136

**SECTION 3 – LICENSED PREMISE**

**Licensed Premise**

(Business Location or Location of Special Event)

DBA Name

Mirai Ramen and Sushi

Business Location Address

6254 E 37th St N Ste 180

City

Bel Aire

State

KS

Zip

67220

Business Phone No.

(316) 295 - 3677

Business Location Owner Name(s)

Bel Pointe LLC

**Mailing Address**

(If different from business address)

Name

Address

City

State

Zip

☐ I own the proposed business location.

☒ I do not own the proposed business location.

**SECTION 4 – PARTNER AND FIRM/ASSOCIATION MEMBER INFORMATION**

List each partner or member of a firm/association and their spouse\*, if applicable. Attach additional pages if necessary.

Partner/Member Name

Howie Chandra

Title

owner

Date of Birth

Residence Street Address

City

State

Zip Code

Spouse Name

Novikanti Liong

Title

Date of Birth

Residence Street Address

City

State

Zip Code

Partner/Member Name

Johnny Chandra

Title

owner

Date of Birth

Residence Street Address

City

State

Zip Code

Spouse Name

Agustina Bell

Title

Date of Birth

Residence Street Address

City

State

Zip Code

Partner/Member Name

Victor nowawi

Title

owner

Date of Birth

Residence Street Address

City

State

Zip Code

Spouse Name

marisa evanthe

Title

Date of Birth

Residence Street Address

City

State

Zip Code

**SECTION 4 – PARTNER AND FIRM/ASSOCIATION MEMBER INFORMATION (CONTINUED)**

Partner/Member Name	Tanto Santoso	Title	owner	Date of Birth	
Residence Street Address		City	State	Zip Code	
Spouse Name	Meyvina Liong	Title		Date of Birth	
Residence Street Address		City	State	Zip Code	
Partner/Member Name	No name Given Hendry	Title	owner	Date of Birth	
Residence Street Address		City	State	Zip Code	
Spouse Name	No name Given Silviana	Title		Date of Birth	
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	
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	
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	
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 manager or agent.				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the following:					
Manager or Agent Name	Johnny Chandra	Phone No.		Date of Birth	
Residence Street Address		City	State	Zip Code	
<b>Manager or Agent Spousal* Information</b>					
Manager or Agent Spouse Name	Agustina S Bell	Phone No.		Date of Birth	
Residence Street Address		City	State	Zip 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*.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the person identified in Section 5 currently a resident of Kansas*?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
All persons identified in Sections 4 & 5 are at least 21 years old*?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
All persons in Sections 4 & 5 have been a Kansas resident for at least <u>2</u> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SECTION 7 – DURATION OF SPECIAL EVENT**

Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM

Proceed to Section 8 on the next page.

## SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: ☐ 8 1/2" by 11" drawing attached.



I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the partnership/firm/association to complete this application. (K.S.A. 52-601)

SIGNATURE

DATE

03/24/2023

### FOR CITY/COUNTY OFFICE USE ONLY:

☐ License Fee Received Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

☐ \$25 CMB Stamp Fee Received Date 03/27/2023

☐ Background Investigation ☐ Completed Date \_\_\_\_\_ ☐ Qualified ☐ Disqualified

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

☐ New License Approved Valid From Date \_\_\_\_\_ to \_\_\_\_\_ By: \_\_\_\_\_

☐ License Renewed Valid From Date \_\_\_\_\_ to \_\_\_\_\_ By: \_\_\_\_\_

☐ Special Event Permit Approved Valid From Date \_\_\_\_\_ to \_\_\_\_\_ By: \_\_\_\_\_

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.

\* 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)

### Building Sketch

Barcode	10534 E. 37th St. N	Site #5	7/10/00	5/12/20
Project Address	10534 E. 37th St. N			
City	Kenilworth			
State	Illinois			
Zip	60141			
County	Will			
Subdivision				

