

Jan-Dec
12/31/23

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

21238

☒ City or ☐ County of BEL AIRE 7651 E CENTRAL PARK AVE BEL AIRE, KS 67226

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):

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

Name of Corporation	FEIN		
Corporation Street Address	Corporation City	State	Zip Code
DG Retail, LLC	Goodlettsville	TN	37072
100 Mission Ridge			
Date of Incorporation	Articles of Incorporation are on file with the Secretary of State.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7/15/2005			
Resident Agent Name	Phone No.		
Residence Street Address	City	State	Zip Code
	JUNCTION CITY KS	66441-2037	

SECTION 3 - LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name	Name
Dollar General Store #21238	Dollar General Store #21238
Business Location Address	Address
4554 N WOODLAWN AVE	100 Mission Ridge Attn: Tax Dept
City State Zip	City State Zip
BEL AIRE KS 67220-	Goodlettsville TN 37072
Email Address(s) Please separate values with a comma.	
tax-beerandwinelicense@dollargeneral.com	
Business Phone No.	<input type="checkbox"/> Applicant owns the proposed business location.
3163618905	<input type="checkbox"/> Applicant does not own the proposed business location.
Business Location Owner Name(s)	
Family Video Movie Club Inc.	

SECTION 4 - OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name	Position	Date of Birth
No person owns 25% or more of stock		
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Emily Taylor	Chief Executive Officer	
Residence Street Address	City	State Zip Code
		TN 37215
Spouse Name	Position	Age
Residence Street Address	City	State Zip Code
MA	MA	
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Age
Residence Street Address	City	State Zip Code

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)

Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
Spouse Name	Position	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.

☒ Yes ☐ No

If yes, provide the following:

Manager/Agent Name FORAT (JOSEPH) KHALAF	Phone No. [REDACTED]	Date of Birth [REDACTED]
Residence Street Address [REDACTED]	City and State JUNCTION CITY KS	Zip Code 66441-2037

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	City and State	Zip Code

SECTION 6 – QUALIFICATIONS 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*? ☒ Yes ☐ NoIs the person identified in Section 5 currently a resident of Kansas*? ☒ Yes ☐ NoAll persons identified in Sections 4 & 5 are at least 21 years old*? ☒ Yes ☐ No

All persons in Sections 4 & 5 have been a Kansas resident for at least _____ years prior to submitting 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 ½" 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 corporation to complete this application. (K.S.A. 53-601)

SIGNATURE Kaitlyn Ramsey DATE 12/14/22

FOR CITY/COUNTY OFFICE USE ONLY:

☒ License Fee Received Amount \$ 50.00 Date 12/13/2022
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

☒ \$25 CMB Stamp Fee Received Date 12/13/2022

☐ 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: _____

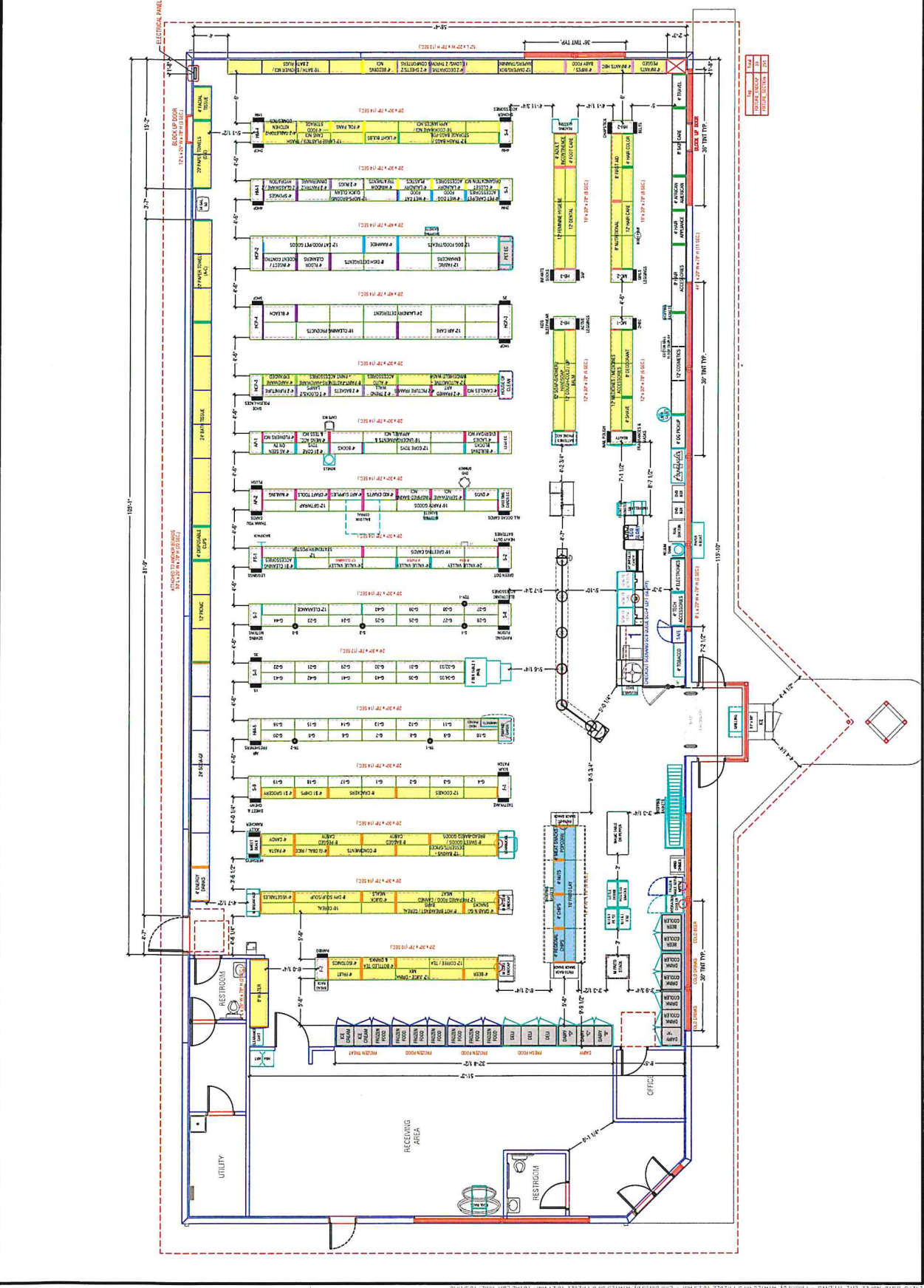
☐ Special Event Permit Approved Valid From Date _____ to _____ By: _____

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)

DOLLAR GENERAL

DRAWING HISTORY	
DATE: 02/25/22	BY: CDD
DATE: 03/11/22	BY: AJY
[1]	
[2]	
[3]	
[4]	
[5]	
[6]	
[7]	
[8]	
[9]	
[10]	
[11]	
PROJECT TYPE	INITIATIVE
FORMAT TYPE	DG18
PLAN TYPE	CONV
LAYOUT TYPE	LAYOUT TYPE DETAIL
NCI	NCI-22 LITE
LP DESCRIPTION	STANDARD ENHANCED
EXPIRATION DATE	04/04/22
SALES FLOOR SQ. FT.	6,680
WAREHOUSE SQ. FT.	846
CEILING HEIGHT	10'-6"
SEASONAL SECTIONS	N/A
SECTION COUNT:	43
ENDCAP COUNT:	291
STORE NUMBER	21238
ADDRESS	4554 N WOODLAWN AVE
CITY:	BEL AIRE
STATE	KS
ZIP	67220
STORE PLANNING HOTLINE	(615) 855-5385



DOLLAR GENERAL

DRAWING HISTORY

DATE: 02/25/22 BY: CDD

DATE: 03/11/22 BY: AJY

- [1]
- [2]
- [3]
- [4]
- [5]
- [6]
- [7]
- [8]
- [9]
- [10]
- [11]

PROJECT TYPE: INITIATIVE
FORMAT TYPE: DG18
PLAN TYPE: CONV
LAYOUT TYPE: NCI-22 LITE
L.P. DESIGNATION: STANDARD ENHANCED
FIGURE DATE: 04/04/22

SALES FLOOR SQ. FT.: 6,680

WAREHOUSE SQ. FT.: 8,276

Ceiling Height: 10'-6"

SEASONAL SECTIONS: 43

SECTION COUNT: 291

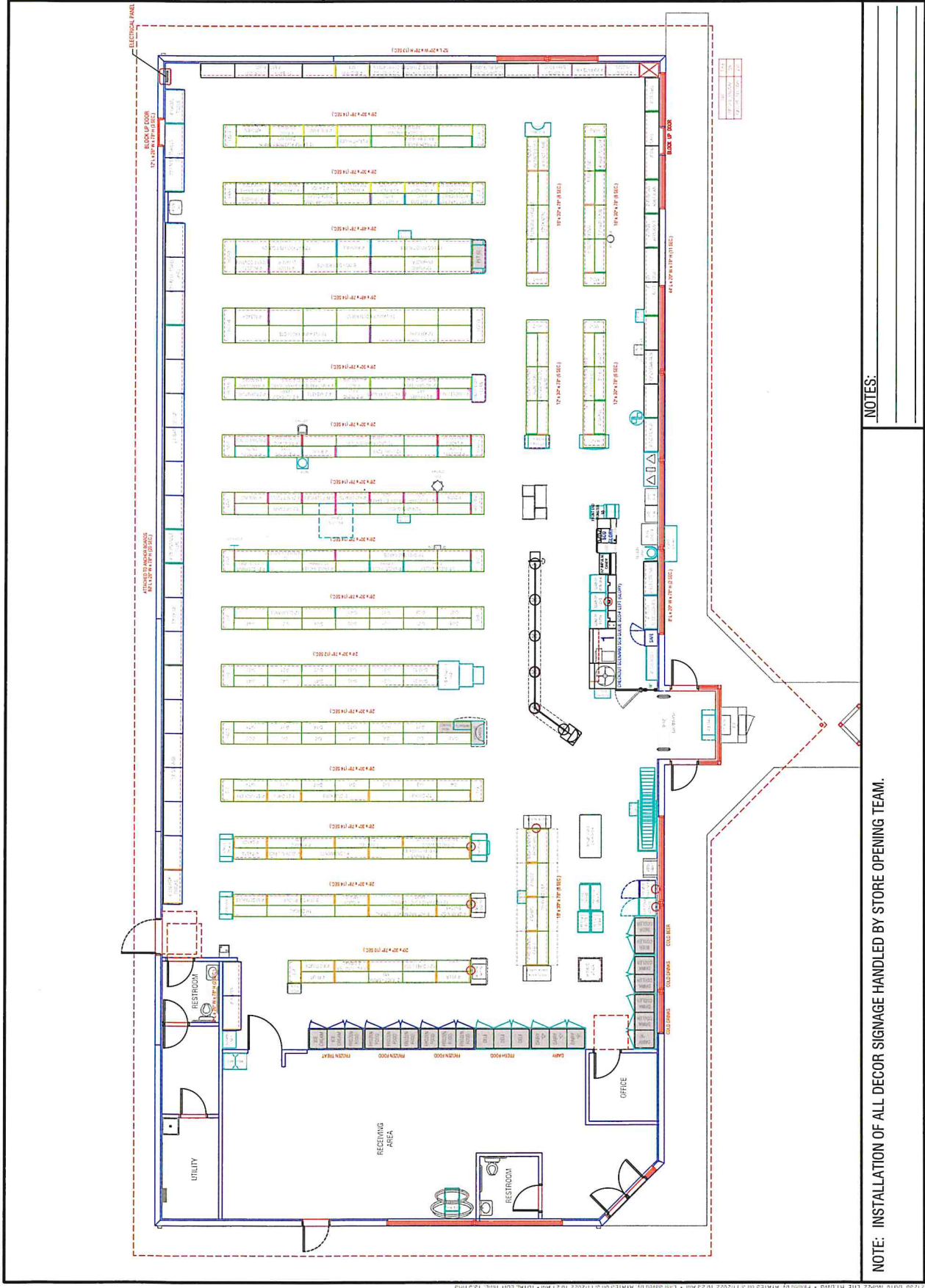
STORE NUMBER: 21238

ADDRESS: 4554 N WOODLAWN AVE

CITY: BEL AIRE

STATE: KS ZIP: 67220

STORE PLANNING HOTLINE (615) 855-5385



NOTES:

NOTE: INSTALLATION OF ALL DECOR SIGNAGE HANDLED BY STORE OPENING TEAM.