

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BE

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

**Place on
City/County**☒ City or ☐ County of Bel Aire.**C51124****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 4986I have registered as an Alcohol Dealer with the TTB. ☒ Yes (required for new application)Name of Corporation Seiko LLC.FEIN 92-1294136.Corporation Street Address 6254 E 37th ST N, Ste 180Corporation City Bel AireState KSZip Code 67220.

Date of Incorporation

Articles of Incorporation are on file with the Secretary of State.

☐ Yes ☐ No

Resident Agent Name

Phone No.

Residence Street Address

City

State

Zip Code

SECTION 3 – LICENSED PREMISELicensed Premise
(Business Location or Location of Special Event)Mailing Address
(If different from business address)DBA Name Mirai Ramen & Sushi

Name

Business Location Address 6254 E 37th ST N STE 180

Address

City Bel Aire.State KSZip 67220

City

State

Zip

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

Business Phone No.

☐ Applicant owns the proposed business location.☒ Applicant does not own the proposed business location.Business Location Owner Name(s) Bel Pointe LLC.**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
[REDACTED]	<u>Owner</u>	[REDACTED]
Residence Street Address	City	State Zip Code
[REDACTED]	[REDACTED]	[REDACTED]
Spouse Name	Position	Date of Birth
[REDACTED]	[REDACTED]	<u>1/20/89</u>
Residence Street Address	City	State Zip Code
[REDACTED]	[REDACTED]	[REDACTED]
Name	Position	Date of Birth
[REDACTED]	<u>Owner</u>	[REDACTED]
Residence Street Address	City	State Zip Code
[REDACTED]	[REDACTED]	[REDACTED]
Spouse Name	Position	Date of Birth
[REDACTED]	[REDACTED]	[REDACTED]
Residence Street Address	City	State Zip Code
[REDACTED]	[REDACTED]	[REDACTED]
Name	Position	Date of Birth
[REDACTED]	<u>Owner</u>	[REDACTED]
Residence Street Address	City	State Zip Code
[REDACTED]	[REDACTED]	[REDACTED]
Spouse Name	Position	Date of Birth
[REDACTED]	[REDACTED]	[REDACTED]
Residence Street Address	City	State Zip Code
[REDACTED]	[REDACTED]	[REDACTED]

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

Name	[REDACTED]		Position	owner		Date of Birth	[REDACTED]
Residence Street Address	[REDACTED]		City	[REDACTED]	State	[REDACTED]	Zip Code
Spouse Name	[REDACTED]		Position			Date of Birth	[REDACTED]
Residence Street Address	[REDACTED]		City	[REDACTED]	State	[REDACTED]	Zip Code
Name	[REDACTED]		Position	owner		Date of Birth	[REDACTED]
Residence Street Address	[REDACTED]		City	[REDACTED]	State	[REDACTED]	Zip Code
Spouse Name	[REDACTED]		Position			Date of Birth	[REDACTED]
Residence Street Address	[REDACTED]		City	[REDACTED]	State	[REDACTED]	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	Phone No.	Date of Birth
Residence Street	City and State	Zip Code

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 ☒ No

Is the person identified in Section 5 currently a resident of Kansas*? ☒ Yes ☐ No

All 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 4 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? ☐ Yes ☒ 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? ☐ Yes ☒ 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? ☐ Yes ☒ 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

10/23/25.

FOR CITY/COUNTY OFFICE USE ONLY:

☒ License Fee Received Amount \$ 200 Date 11/13/2025
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

☒ \$25 CMB Stamp Fee Received Date 10-27-25 BP

☒ Background Investigation

☒ Completed Date 12/02/2025

☒ 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)

[illegible][illegible]