

STAFF REPORT

DATE: December 13, 2023

TO: Governing Body

FROM: City Clerk/City Attorney

RE: CMB License Application



BACKGROUND: Dollar General has applied for license renewal for selling Cereal Malt Beverage in original and unopened containers. The code requires the Governing Body to annually review each licensee based on contact updates compliance with their current license. All the requirements have been confirmed or attested to by the applicant's certification. Dollar General has held a license in Bel Aire since 2020. Staff reports no opposition from a health and safety perspective, based on available information.

DISCUSSION:

Based on the reports from staff and the certification of the applicant the following State and local requirements were met:

- ☐ Annual license fee (set by State of Kansas) of \$50 for Limited Retailers– *Paid By DG Retail 11-20-2023*
- ☐ \$25 stamp fee (set by State of Kansas) – *Paid By DG Retail 11-20-2023*
- ☐ State of Kansas CMB Licensing Form – *Completed 11-20-2023*
- ☐ Background Checks for store manager and LLC officer did not show any preceding felonies for crimes involving moral turpitude, drunkenness, DUI or other intoxicating liquor violations
- ☐ Statement from police department regarding results of records check on applicants – *Chief Atteberry provided this statement on 12/13/2023.*
- ☐ Certification from City health officer certifying premises have been inspected and complies with health code and other applicable Code sections. - *The Planning and Zoning department reports that Dollar General is compliant with all applicable building codes, 11-28-2023.*
- ☐ Certification from Sedgwick County Fire Marshall certifying premises complies with applicable city fire code. - *Sedgwick County Fire Marshall reports Dollar General is compliant 12-12-2023.*
- ☐ No information presented to show LLC or store manager having poor character.

RECOMMENDATION:

Approve the proposed renewal as described.

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**, KS

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): 00436477242F

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

Name of Corporation DG Retail, LLC	FEIN 36 - 4577242
Corporation Street Address 100 Mission Ridge	Corporation City Goodlettsville State TN Zip Code 37072
Date of Incorporation 7/15/2005	Articles of Incorporation are on file with the Secretary of State. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Agent Name FORAT KHALAF	Phone No. [REDACTED]
Residence Street Address [REDACTED]	City [REDACTED] State [REDACTED] Zip Code [REDACTED]

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name Dollar General Store #21238	Name Dollar General Store #21238
Business Location Address 4554 N WOODLAWN AVE	Address 100 Mission Ridge Attn: Tax Dept
City BEL AIRE State KS Zip 67220-	City Goodlettsville State TN Zip 37072
Email Address(s) Please separate values with a comma. tax-beerandwinlicense@dollargeneral.com	
Business Phone No. (615) 762-7914	<input type="checkbox"/> Applicant owns the proposed business location. <input checked="" type="checkbox"/> Applicant does not own the proposed business location.
Business Location Owner Name(s) Hiland Ventures Real Estate, 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
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 [REDACTED]	Position CEO	Date of Birth [REDACTED]
Residence Street Address [REDACTED]	City [REDACTED]	State [REDACTED] Zip Code [REDACTED]
Spouse Name	Position	Age
Residence Street Address N/A	City	State Zip Code
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
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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
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Residence Street Address	City	State Zip Code
Spouse Name	Position	Date of Birth
Residence Street Address	City	State Zip Code
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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 KHALAF	Phone No. [REDACTED]	Date of Birth [REDACTED]
Residence Street Address [REDACTED]	City and State [REDACTED]	Zip Code [REDACTED]

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 40 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 corporation to complete this application. (K.S.A. 53-601)

SIGNATURE

Ally Holdren

DATE

09/28/2023

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 _____

☐ 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)

