

## STAFF REPORT

DATE: December 13, 2023

TO: Governing Body

FROM: City Clerk/City Attorney

RE: CMB License Application

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**BACKGROUND:** Seiko, LLC, dba Mirai Ramen & Sushi, has applied to renew their License to Sell Cereal Malt Beverages (beer) for consumption on the premises. The restaurant was first granted this license in March 2023. All the requirements have been confirmed or attested to by the applicant's certification. 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 fee (set by State of Kansas) of \$200 for License to sell cereal malt beverages for consumption on the premises– *Paid By Seiko, LLC 12/14/2023*
- ☐ \$25 stamp fee (set by State of Kansas) – *Paid By Seiko, LLC 11/29/2023*
- ☐ State of Kansas CMB Licensing Form – *Completed by Seiko, LLC 11/29/2023*
- ☐ The restaurant manager certified Kansas residency (CMB Licensing Form), *11/29/2023*
- ☐ No information presented to show restaurant manager or LLC officers having poor character.
- ☐ Background Checks for restaurant manager and LLC officers 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 has been inspected and complies with health code and other applicable Code sections. - *The Planning & Zoning department reports that the location is compliant with all applicable building codes, 12/07/2023.*
- ☐ Certification from Sedgwick County Fire Marshall certifying premise complies with applicable city fire code. - *Sedgwick County Fire Marshall reports the location is compliant 12/07/2023.*

### **RECOMMENDATION:**

Approve the renewed license as described.

# CORPORATE 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 Corporation Seiho LLC

FEIN 92-1294136

Corporation Street Address 6254 E 37th St N Ste 180

Corporation City Bel aire

State KS

Zip Code 67220

Date of Incorporation

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

☒ Yes ☐ No

Resident Agent Name

Mirai Rame & Sushi Hendry

Phone No.

Residence Street Address

6254 E 37th St N Ste 180

City

State

Zip Code

## SECTION 3 – LICENSED PREMISE

Licensed Premise  
(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 E 37th St N Ste 180

Address

City Bel Aire State KS Zip 67220

City State Zip

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

Business Phone No. (316) 295-3677

☐ Applicant owns the proposed business location.

☒ Applicant does not own the proposed business location.

Business Location Owner Name(s)

BelPointe 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 Harve chandra Position Owner Date of Birth

Residence Street Address City State Zip Code

Spouse Name Nou Yanti Hong Position Date of Birth

Residence Street Address City State Zip Code

Name Johnny chandra Position owner Date of Birth

Residence Street Address City State Zip Code

Spouse Name Augustina bell Position Age

Residence Street Address City State Zip Code

Name Victor Nnamui Position Owner Date of Birth

Residence Street Address City State Zip Code

Spouse Name MARISA EVANHE Position Age

Residence Street Address City State Zip Code

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

Name	Tanto Santoso	Position	Owner	Date of Birth	
Residence Street Address		City		State	
Spouse Name	Meg Vini Long	Position		Date of Birth	
Residence Street Address		City		State	Zip Code
Name	No name Given Hendry	Position	Owner	Date of Birth	
Residence Street Address		City		State	Zip Code
Spouse Name	No name Given Silviana	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 <b>Johnny Chandra</b>	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 <b>Augustina S Bell</b>	Phone No. [REDACTED]	Date of Birth [REDACTED]
Residence Street Address [REDACTED]	City and State [REDACTED]	Zip Code [REDACTED]

**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 ☐ NoAll persons in Sections 4 & 5 have been a Kansas resident for at least **3** 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

DATE 11/29/23

FOR CITY/COUNTY OFFICE USE ONLY:

☒ License Fee Received Amount \$ 50.00 Date 11/29/23 12/4/23  
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

☒ \$25 CMB Stamp Fee Received Date 11/29/23

☐ 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

Project Address: 407 S.E. 20th St. N. City: Miami, FL 33133  
 Project Name: 20th St. N. Project No.: 1000-0123

