

# CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

☒ City or ☐ County of Belair

## 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 <b>DG Retail, LLC</b>	FEIN <b>36-4577242</b>
Corporation Street Address <b>100 Mission Ridge</b>	Corporation City <b>Goodlettsville TN</b> State <b>TN</b> Zip Code <b>37072</b>
Date of Incorporation <b>7/15/2005</b>	Articles of Incorporation are on file with the Secretary of State. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Agent Name <b>JOSEPH KHALAF</b>	Phone No. <b>[REDACTED]</b>
Residence Street Address <b>[REDACTED]</b>	City <b>JUNCTION CITY KS</b> State <b>KS</b> Zip Code <b>66441-2037</b>

## SECTION 3 - LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name <b>Dollar General Store# 21238</b>	Name <b>Dollar General Store 21238</b>
Business Location Address <b>4554 N WOODLAWN AVE</b>	Address <b>100 Mission Ridge Attn: Tax Dept</b>
City <b>BEL AIRE, KS</b> State <b>KS</b> Zip <b>67220-3839</b>	City <b>Goodlettsville TN</b> State <b>TN</b> Zip <b>37072</b>
Email Address(s) Please separate values with a comma. <a href="mailto:Tax-beerandwinelicense@dollargeneral.com">Tax-beerandwinelicense@dollargeneral.com</a>	
Business Phone No. <b>316-361-8905</b>	<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) <b>HIGHLAND VENTURES RE LLC</b>	

## 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 <b>No Single person owns 25% or more of stock</b>	Position	Date of Birth
Residence Street Address <b>Please contact Abby Holdren if there are issues with payment or the application</b>	City	State Zip Code
Spouse Name <b>Contact Email: Aholdren@dollargeneral.com</b>	Position	Date of Birth
Residence Street Address <b>Contact Phone: 6158558915</b>	City	State Zip Code
Name <b>Emily Taylor</b>	Position <b>CEO</b>	Date of Birth <b>[REDACTED]</b>
Residence Street Address <b>[REDACTED]</b>	City <b>Nashville TN</b> State <b>TN</b> Zip Code <b>37215</b>	
Spouse Name <b>N/A</b>	Position	Age
Residence Street Address	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 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 JOSEPH KHALAF

Phone No.

Date of Birth

Residence Street Address

City and State  
JUNCTION CITY KS 66441-  
2037

Zip Code

**Manager or Agent Spousal Information\***

Spouse Name N/A

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 &amp; 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 &amp; 5 are at least 21 years old\*?

☒ Yes ☐ No

All persons in Sections 4 &amp; 5 have been a Kansas resident for at least 41 years years prior to submitting this application.\*\*

Within 2 years immediately preceding the date of this application, have any persons identified in Sections 4 &amp; 5 been convicted of, released from incarceration for or released from probation or parole for any of the following crimes\*:

☐ Yes ☒ No

(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?

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

☐ AM ☐ PM

End Date

Time

☐ AM ☐ 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

*Alley Huieken*

DATE

12/12/24

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

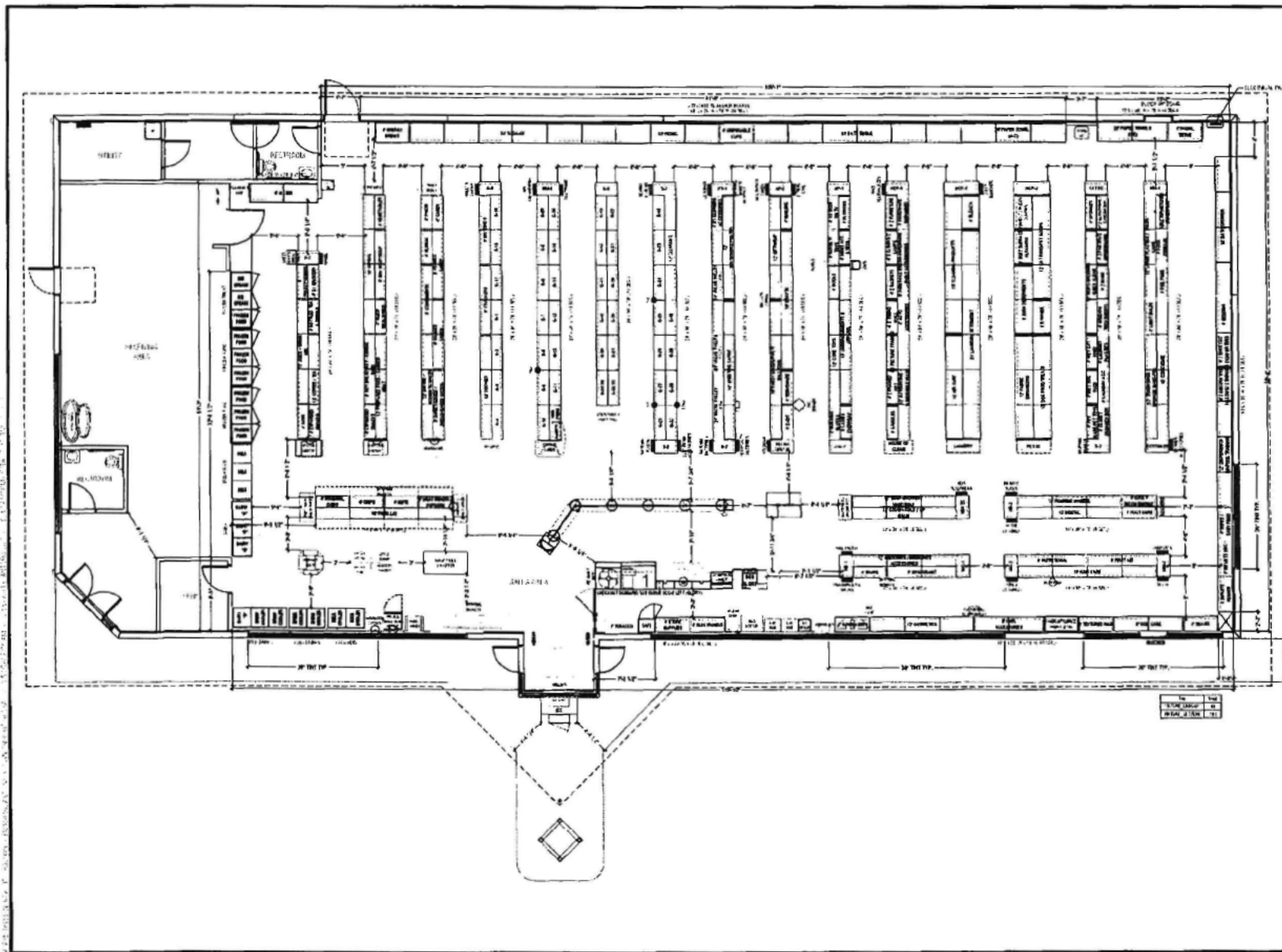
Valid From Date \_\_\_\_\_ to \_\_\_\_\_ By: \_\_\_\_\_

☐ 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)



# **DOLLAR GENERAL**

## **DRAWING HISTORY**

DATE: 02/25/22 BY: CDD

DATE:	BY:
[1] 03/11/22	AJY
[2] 10/18/23	EKB
[3] 01/18/24	SRL
[4] 04/12/24	SRL
[5] 07/30/24	ACB
[6]	
[7]	
[8]	
[9]	
[10]	
[11]	

PROJECT TYPE: REMODEL

FORMAT TYPE: DG18

PLAN TYPE: CONV

LAYOUT TYPE: NCI LAYOUT TYPE DETAIL: NCI-22 LITE

UP DESIGNATION: STANDARD ENHANCED

REVISION DATE: 04/04/22

SALES PL. GOR. SQ. FT. 6,680

WAREHOUSE SQ. FT. 846 TOTAL SQ. FT. 8,276

Ceil. HGT. 10'-6"

Light HGT. N/A

SEASONAL SECTIONS: 43

SECTION COUNT: 291 END CAP COUNT: 40

STORE NUMBER: 21238

ADDRESS: 4554 N WOODLAWN AVE

CITY: BEL AIRE

STATE: KS ZIP: 67220

STORE PLANNING HOTLINE (615) 855-5385