

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 Senko LLC

FEIN 92-1294136

Corporation Street Address 654 E 37th St 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 Hendry

Phone No. [REDACTED]

Residence Street Address [REDACTED]

City Bel Aire.

State KS

Zip Code 67220

SECTION 3 - LICENSED PREMISE

Licensed Premise
(Business Location or Location of Special Event)

Mailing Address
(If different from business address)

DBA Name Mirai Ramen & Sushi

Name

Business Location Address 654 E 37th St 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) 7-295-3677

☐ 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 Howie Chandler

Position owner

Date of Birth [REDACTED]

Residence Street Address [REDACTED]

City Topeka

State KS

Zip Code 66604

Spouse Name Novianei lions

Position

Date of Birth [REDACTED]

Residence Street Address [REDACTED]

City Topeka

State KS

Zip Code 66614

Name Johnny Chandler

Position owner

Date of Birth [REDACTED]

Residence Street Address [REDACTED]

City Topeka Wichita

State KS

Zip Code 67226

Spouse Name Agustina Ball

Position

Age [REDACTED]

Residence Street Address [REDACTED]

City Wichita

State KS

Zip Code 67226

Name Victor Vamami

Position owner

Date of Birth [REDACTED]

Residence Street Address [REDACTED]

City Wichita

State KS

Zip Code 67226

Spouse Name Marisa Elencho

Position

Age [REDACTED]

Residence Street Address [REDACTED]

City Wichita

State KS

Zip Code 67226

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

Name	Tanto Sombazo	Position	Owner	Date of Birth	
Residence Street Address		City	Topeka	State	
Spouse Name	Meiyvina Liang	Position		Zip Code	66610
Residence Street Address		City	Topeka	Date of Birth	5/13/83
		State		Zip Code	66610
Name	No Name Given Hendry	Position	owner	Date of Birth	
Residence Street Address		City	Bel Aire	State	
Spouse Name	No Name Given Silviana	Position		Zip Code	67226
Residence Street Address		City	Bel Aire	Date of Birth	
		State		Zip Code	67276
Name		Position		Date of Birth	
Residence Street Address		City		State	
Spouse Name		Position		Zip Code	
Residence Street Address		Position		Date of Birth	
		City		State	
				Zip Code	
Name		Position		Date of Birth	
Residence Street Address		City		State	
Spouse Name		Position		Zip Code	
Residence Street Address		Position		Date of Birth	
		City		State	
				Zip Code	
Name		Position		Date of Birth	
Residence Street Address		City		State	
Spouse Name		Position		Zip Code	
Residence Street Address		Position		Date of Birth	
		City		State	
				Zip Code	
Name		Position		Date of Birth	
Residence Street Address		City		State	
Spouse Name		Position		Zip Code	
Residence Street Address		Position		Date of Birth	
		City		State	
				Zip Code	
Name		Position		Date of Birth	
Residence Street Address		City		State	
Spouse Name		Position		Zip Code	
Residence Street Address		Position		Date of Birth	
		City		State	
				Zip Code	
Name		Position		Date of Birth	
Residence Street Address		City		State	
Spouse Name		Position		Zip Code	
Residence Street Address		Position		Date of Birth	
		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	John nychandra	Phone No	[REDACTED]	Date of Birth	[REDACTED]
Residence Street Address	[REDACTED]	City and State	Wichita KS	Zip Code	67226

Manager or Agent Spousal Information*

Spouse Name	Augustina S Bell	Phone No	[REDACTED]	Date of Birth	[REDACTED]
Residence Street Address	[REDACTED]	City and State	Wichita KS	Zip Code	67226

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 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 _____

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

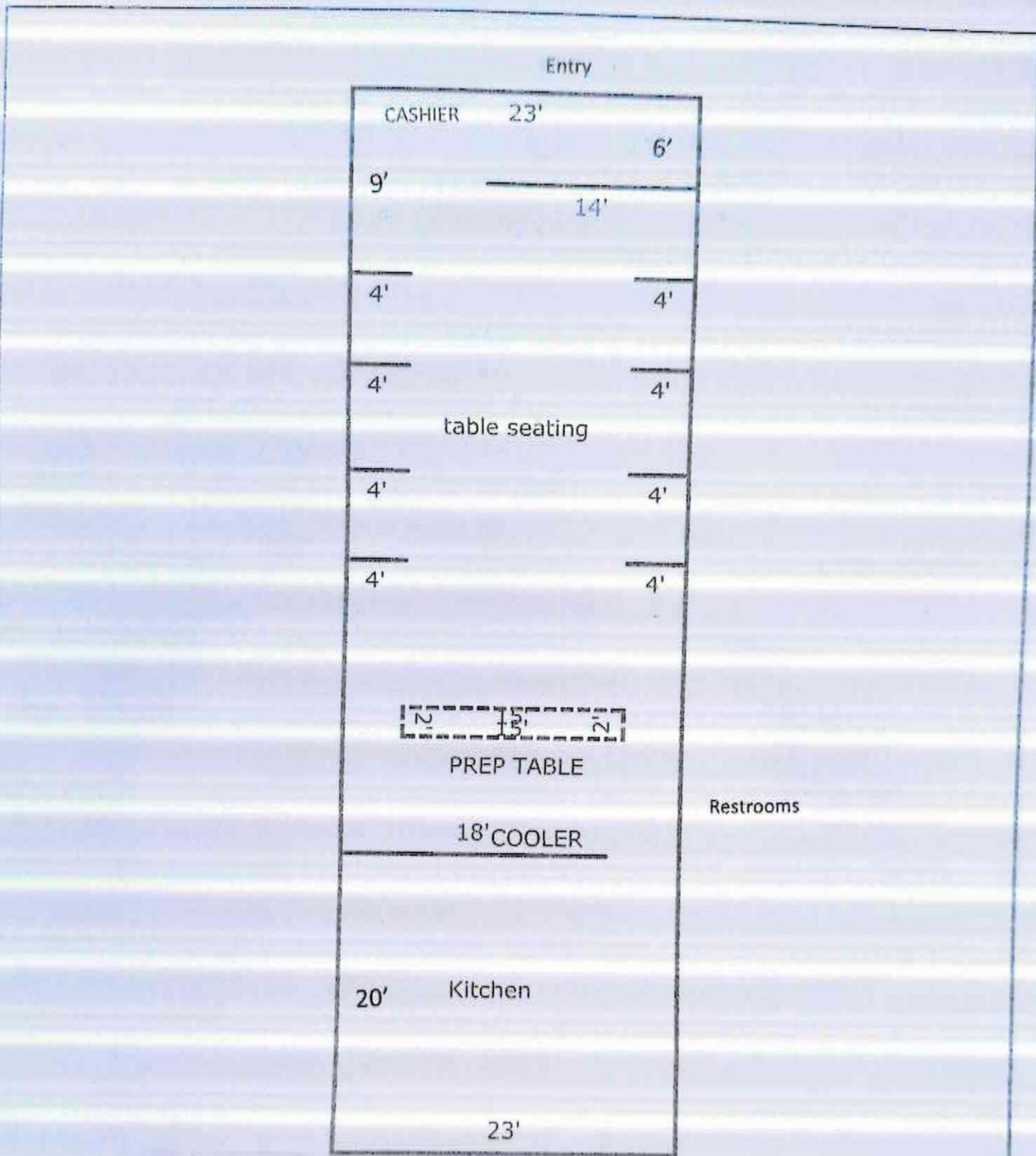
☐ New License Approved Valid From Date _____ to _____ By: _____

☐ 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)



The 4' lines are movable booths
 The 14' and 15' dividing walls are to be 4' tall
 The 2' x 15' area is the sushi bar
 The center area is for table seating

TOTAL Sketch by a la michelle, inc.

Area Calculations Summary

Living Area
 First Floor

1633 Sq ft

Calculation Details

71 x 23 = 1633