

# CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

City or  County of Lansing

<b>SECTION 1 – LICENSE TYPE</b>			
Check One: <input type="checkbox"/> New License <input checked="" type="checkbox"/> Renew License <input type="checkbox"/> Special Event Permit			
Check One: <input type="checkbox"/> License to sell cereal malt beverages for consumption on the premises. <input checked="" type="checkbox"/> License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.			
<b>SECTION 2 – APPLICANT INFORMATION</b>			
Kansas Sales Tax Registration Number (required): <u>[REDACTED]</u>			
I have registered as an Alcohol Dealer with the TTB. <input type="checkbox"/> Yes (required for new application)			
Name of Corporation ALDI, Inc. (Kansas)		FEIN <u>[REDACTED]</u>	
Corporation Street Address 10505 S. K7 Hwy		Corporation City Olathe	State KS Zip Code 66061
Date of Incorporation November 7, 1978		Articles of Incorporation are on file with the Secretary of State. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Agent Name Hannah Jones - Executive Assistant		Phone No. 913 - 600 - 4049	
Residence Street Address 10505 S. K7 Hwy		City Olathe	State KS Zip Code 66061
<b>SECTION 3 – LICENSED PREMISE</b>			
<b>Licensed Premise</b> (Business Location or Location of Special Event)		<b>Mailing Address</b> (If different from business address)	
DBA Name ALDI #98		Name ALDI, Inc. (Kansas)	
Business Location Address 1217 N. Main		Address 10505 S. K7 Hwy	
City Lansing, KS 66043	State KS	City Olathe	State Kansas Zip 66061
Email Address(s) Please separate values with a comma. OLA.RealEstate@aldi.us			
Business Phone No. 913 - 768 - 1119		<input checked="" type="checkbox"/> Applicant owns the proposed business location. <input type="checkbox"/> Applicant does not own the proposed business location.	
Business Location Owner Name(s) ALDI, Inc. (Kansas)			
<b>SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK</b> List each person and their spouse*, if applicable. Attach additional pages if necessary.			
Name		Position	Date of Birth
Residence Street Address		City	State Zip Code
Spouse Name		Position Spouse	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	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 Dominic Escobar	Phone No. 913-424-8522	Date of Birth [REDACTED]
Residence Street Address 2084 South 137th Street	City and State Bonner Springs, KS	Zip Code 66012

**Manager or Agent Spousal Information\***

Spouse Name Kelly Escobar	Phone No. 636-352-7973	Date of Birth [REDACTED]
Residence Street Address 2084 South 137th Street	City and State Bonner Springs, KS	Zip Code 66012

**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 23 years prior to submitting this application.\*\*  Yes  No

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 Hannah Jones, Executive Assistant DATE 10/11/2024

FOR CITY/COUNTY OFFICE USE ONLY:

License Fee Received Amount \$ 50 Date 10-11-24  
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

\$25 CMB Stamp Fee Received Date 10-11-24

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: \_\_\_\_\_

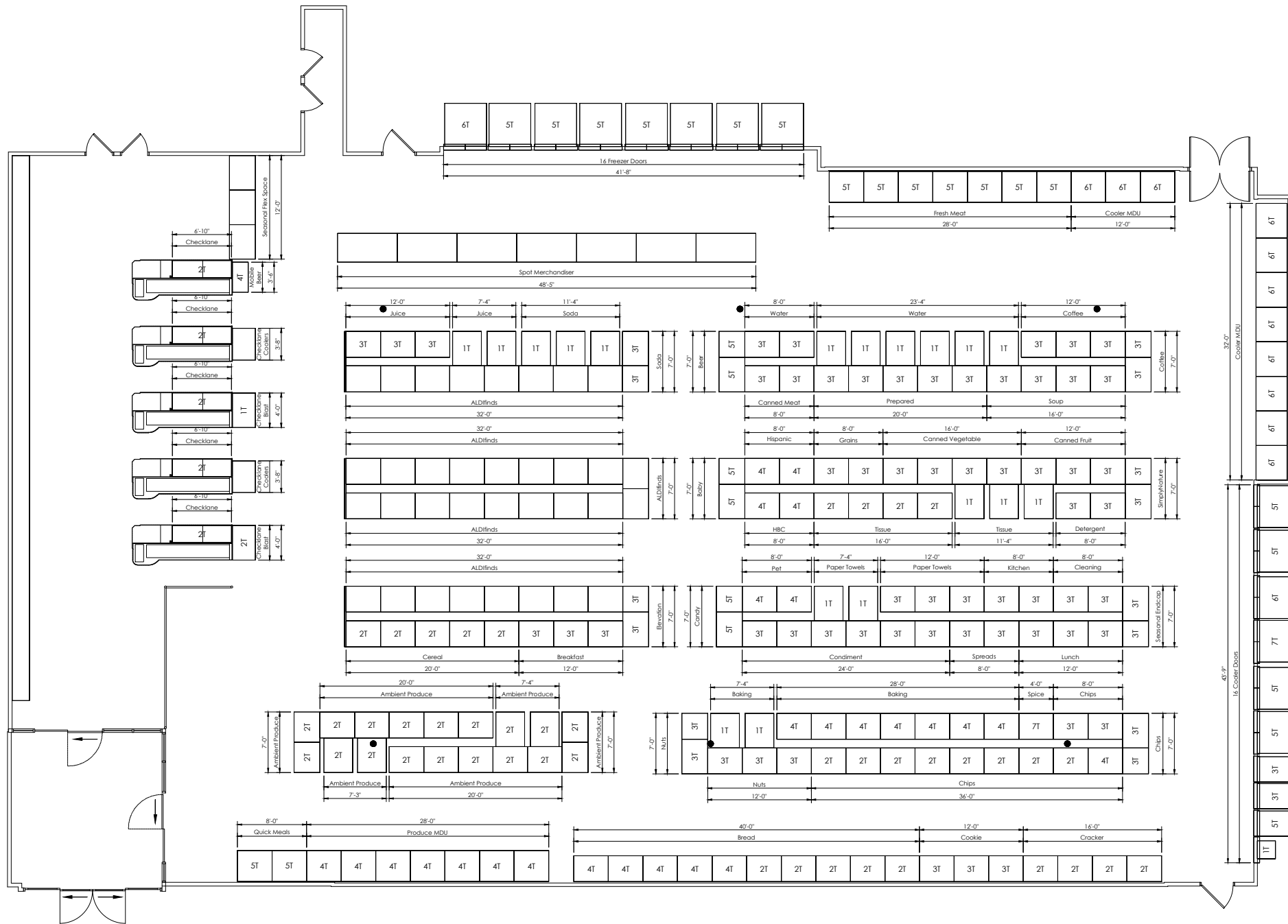
License Renewed Valid From Date \_\_\_\_\_ to \_\_\_\_\_ By: \_\_\_\_\_

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)





Address:  
 1217 N MAIN  
 LANSING, KS 66043  
 Scale:  
 16'-2"  
 First Fixture:  
 8'-4"

Store No:  
**OLA098**  
 Drawn By:  
 RGIS  
 Date:  
 3/5/2021