

# 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

SECTION 1 - LICENSE TYPE			
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.			
SECTION 2 - APPLICANT INFORMATION			
I have registered as an Alcohol Dealer with the TTB. <input type="checkbox"/> Yes (required for new application)			
Name of Corporation <u>Truman Town LLC</u>		FEIN	
Corporation Street Address <u>5708 Mercier</u>		Corporation City <u>Kansas City</u> State <u>MO</u> Zip Code <u>64118</u>	
Date of Incorporation <u>July 29th 2010</u>		Articles of incorporation are on file with the Secretary of State. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Agent Name <u>Anuj Arora</u>		Phone No. <u>913-980-0929</u>	
Residence Street Address <u>21214 W. 60th Ter</u>		City <u>Shawnee</u> State <u>KS</u> Zip Code <u>66218</u>	
SECTION 3 - LICENSED PREMISE			
Licensed Premise (Business Location or Location of Special Event)		Mailing Address (if different from business address)	
DBA Name <u>Woody's Gas Express</u>		Name <u>Same</u>	
Business Location Address <u>10944 Road</u>		Address	
City <u>Lansing</u> State <u>KS</u> Zip Code <u>66243</u>		City _____ State _____ Zip _____	
Email Address(es) Please separate values with a comma. <u>aliatra@outlook.com</u>			
Business Phone No. <u>913-250-0844</u>		<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) <u>Ali Atra / Rajan Arora</u>			
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 <u>Ali Atra</u>		Position <u>Member</u>	
Residence Street Address <u>3704 W 157th Place</u>		City <u>Overland Park</u> State <u>KS</u> Zip Code <u>66204</u>	
Spouse Name <u>Rania Atra</u>		Position	
Residence Street Address <u>3704 W 157th PK</u>		City <u>OP</u> State <u>KS</u> Zip Code <u>66204</u>	
Name <u>Rajan Arora</u>		Position <u>Member</u>	
Residence Street Address <u>21014 W. 60th Ter</u>		City <u>Shawnee</u> State <u>KS</u> Zip Code <u>66218</u>	
Spouse Name <u>Rashmi Arora</u>		Position	
Residence Street Address <u>21014 W. 60th Ter</u>		City <u>Shawnee</u> State <u>KS</u> Zip Code <u>66218</u>	
Name <u>Anuj Arora</u>		Position <u>Managing Officer</u>	
Residence Street Address <u>21011 W 60th Ter</u>		City <u>Shawnee</u> State <u>KS</u> Zip Code <u>66218</u>	
Spouse Name <u>Sarah Arora</u>		Position	
Residence Street Address <u>21011 W 60th Ter</u>		City <u>Shawnee</u> State <u>KS</u> Zip Code <u>66218</u>	

SECTION 5 – MANAGER OR AGENT INFORMATION		
My place of business or special event will be conducted by a manager or agent.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following:		
Manager/Agent Name <i>Anuj Arora</i>	Phone No. <i>913-980-0927</i>	Date of Birth [REDACTED]
Residence Street Address <i>21011 W 60th Terr</i>	City and State <i>Shawnee KS</i>	Zip Code <i>66218</i>
Manager or Agent Spousal Information*		
Spouse Name <i>Sarah Arora</i>	Phone No. <i>816-812-6211</i>	Date of Birth [REDACTED]
Residence Street Address <i>21011 W 60th Terr</i>	City and State <i>Shawnee KS</i>	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*?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the person identified in Section 5 currently a resident of Kansas*?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
All persons identified in Sections 4 & 5 are at least 21 years old*?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
All persons in Sections 4 & 5 have been a Kansas resident for at least _____ 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.



Please See 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 \$ 5000 Date 10/31/24  
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

\$25 CMB Stamp Fee Received Date 10/31/24

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: \_\_\_\_\_

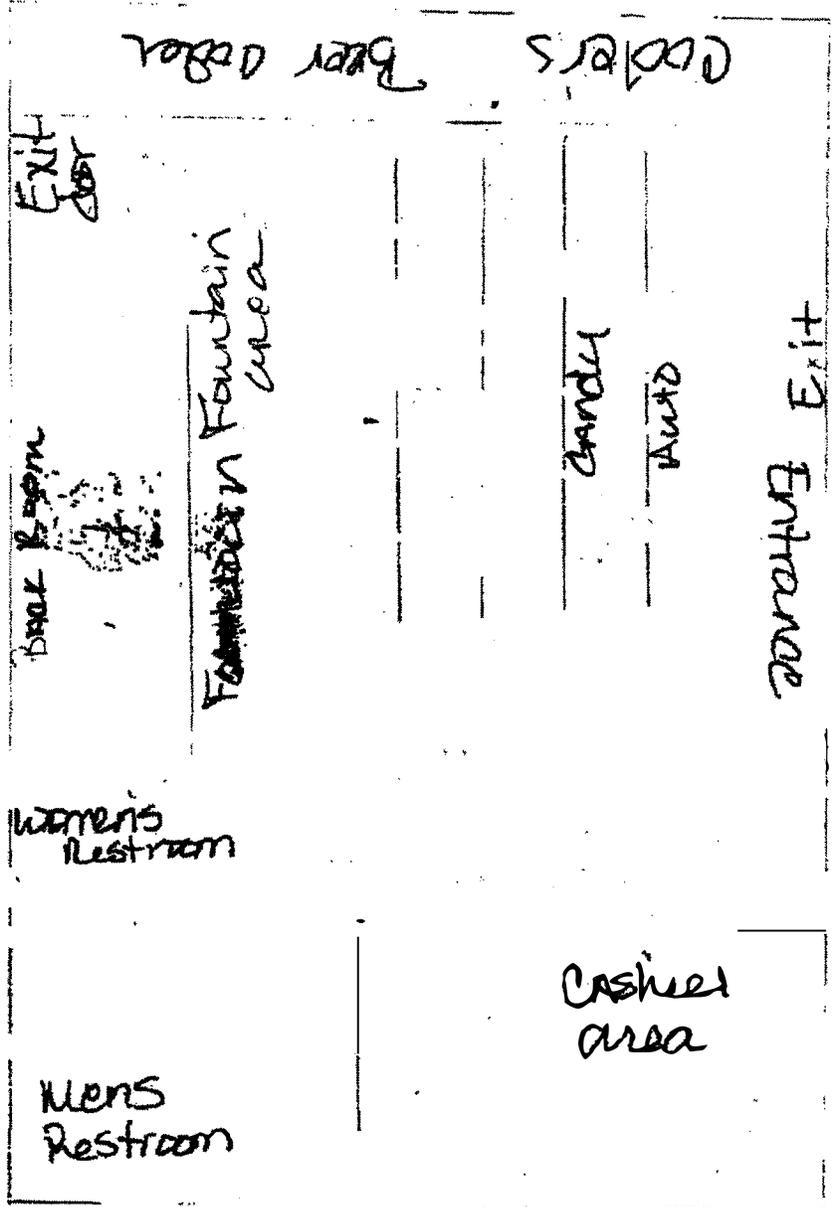
Special Event Permit Approved Valid From Date \_\_\_\_\_ to \_\_\_\_\_ By: \_\_\_\_\_

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)



ADMITTANCE PASS  
1094 H ROAD  
LAUNDRY HS LUCKS



10/20/02