

# 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 (Leavenworth)

## 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): XXXXXXXXXX

I have registered as an Alcohol Dealer with the TTB.  Yes (required for new application)

|   |   |                                    |                          |
|---|---|------------------------------------|--------------------------|
| Name of Corporation<br><u>Shree Virus Inc</u>       |   | FEIN                               |                          |
| Corporation Street Address<br><u>506 N. main st</u> |   | Corporation City<br><u>Lansing</u> | State<br><u>KS</u>       |
|   |   | Zip Code<br><u>66043</u>           |                          |
| Date of Incorporation<br><u>10/9/2006</u>           | Articles of Incorporation are on file with the Secretary of State. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                          |
| Resident Agent Name<br><u>Kishor Patel</u>          | Phone No.   |                                    |                          |
| Residence Street Address<br><u>603 Willow Ct</u>    | City<br><u>Lansing</u>  | State<br><u>KS</u>                 | Zip Code<br><u>66043</u> |

## SECTION 3 - LICENSED PREMISE

| Licensed Premise<br>(Business Location or Location of Special Event)                         | Mailing Address<br>(If different from business address)   |
|--|---|
| DBA Name<br><u>Finish Line</u>   | Name<br><u>Finish Line</u>  |
| Business Location Address<br><u>506 N. main st</u>   | Address<br><u>506 N. main st</u>  |
| City<br><u>Lansing</u> State<br><u>KS</u> Zip<br><u>66043</u>                                | City<br><u>Lansing</u> State<br><u>KS</u> Zip<br><u>66043</u>   |
| Email Address(s) Please separate values with a comma.<br><u>506 Finishline @ gmail . com</u> |   |
| Business Phone No.<br><u>913-250-1175</u>  | <input type="checkbox"/> Applicant owns the proposed business location.<br><input checked="" type="checkbox"/> Applicant does not own the proposed business location. |
| Business Location Owner Name(s)  |   |

## 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<br><u>Kishor Patel</u>                      | Position<br><u>President</u>              | Date of Birth            |
| Residence Street Address<br><u>603 Willow Ct</u> | City<br><u>Lansing</u> State<br><u>KS</u> | Zip Code<br><u>66043</u> |
| Spouse Name<br><u>Archana K. Patel</u>           | Position<br><u>Secretary</u>              | Date of Birth            |
| Residence Street Address<br><u>603 Willow Ct</u> | City<br><u>Lansing</u> State<br><u>KS</u> | Zip Code<br><u>66043</u> |
| 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                 |

| <b>SECTION 5 – MANAGER OR AGENT INFORMATION</b>   |   |  |
|---|---|--|
| My place of business or special event will be conducted by a manager or agent.  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide the following:  |   |  |
| Manager/Agent Name  | Phone No.   | Date of Birth  |
| Residence Street Address  | City and State  | Zip Code   |
| <b>Manager or Agent Spousal Information*</b>  |   |  |
| Spouse Name   | Phone No.   | Date of Birth  |
| Residence Street Address  | City and State  | Zip Code   |
| <b>SECTION 6 – QUALIFICATIONS FOR LICENSURE</b>   |   |  |
| 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*:<br>(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 |  |
| <b>SECTION 7 – DURATION OF SPECIAL EVENT</b>  |   |  |
| 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 *[Signature]* DATE 10/13/24

FOR CITY/COUNTY OFFICE USE ONLY:

- License Fee Received Amount \$ 50<sup>00</sup> Date 10-16-24  
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)
- \$25 CMB Stamp Fee Received Date 10-16-24
- 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)



Finish Line  
506 IV Main St  
Lawsoning KS 66043

