



ENTITY NAME: _____

FEIN: _____

Treasurer or Equivalent					Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name		First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License Number		DL State		% Ownership
Current Residential Address	City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
Officer Spousal Information					
Last Name		First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License Number		DL State		% Ownership
Current Residential Address	City	State	County	Zip Code	Daytime Phone

Other					Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name		First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License Number		DL State		% Ownership
Current Residential Address	City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
Officer Spousal Information					
Last Name		First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License Number		DL State		% Ownership
Current Residential Address	City	State	County	Zip Code	Daytime Phone

Other					Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name		First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License Number		DL State		% Ownership
Current Residential Address	City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
Officer Spousal Information					
Last Name		First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License Number		DL State		% Ownership
Current Residential Address	City	State	County	Zip Code	Daytime Phone



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SECTION 8 – DETERMINATION OF FOOD SALES REQUIREMENT

This section applies only to Drinking Establishment, DE/Caterer, Caterer, Hotel, Hotel/Caterer, Class A Club or Class B Club applicants.

I **am not** applying for a DE, DE/Caterer, Hotel, Hotel/Caterer, Class A or Class B Club license. **Proceed to Section 9.**

Drinking Establishment, DE/Caterer, Caterer, Hotel or Hotel/Caterer applicants only.

A. Is there a 30% food sales requirement in your county? Yes* No**
 * If yes, complete "B" below.
 ** If no, proceed to Section 9.

To check for food sales requirements in your county, go to: <https://ksrevenue.gov/pdf/abcwetdrymap.pdf>

B. Statement of Gross Receipts (select one):

- I am applying for a new license. I understand that I must meet the 30% food sales requirement at any time during the license term.
- I am renewing my license. I understand that I must meet the 30% food sales requirement during the license term.

Enter the following information for the 12 months prior to submitting your renewal application:

_____ to _____
 Month/Year Month/Year

Gross Receipts¹: \$ _____

Food Income²: \$ _____

Percentage of Food Income: _____ % **Proceed to Section 9.**

¹**Gross Receipts for Drinking Establishments, Caterers or Hotels** – includes all sales of food and beverages sold on the premises.

²**Food Income** – means the gross receipts from the sale of food on the licensed premise(s) **only** and does not include income derived from the sale of items mixed with alcoholic liquor or cereal malt beverage.

Class A and Class B Private Club applicants only:

A. CLASS A CLUB:

Do you have reciprocal agreements that are not listed in your charter? Yes* No**
 * If yes, attach copies of your reciprocal agreements outside those listed in your charter. **Proceed to the next Section.**
 ** If no, proceed to Section 9.

CLASS B CLUB:

Do you own multiple Class B Clubs? (If yes, 50% food sales requirement applies.) Yes* No**
 Do you have reciprocal agreements? (If yes, 50% food sales requirement applies.) Yes* No**
 * If yes, attach copies of your reciprocal agreements. **Proceed to "B" below.**
 ** If no, proceed to Section 9.

B. Statement of Gross Receipts (select one):

- I am applying for a new license. I understand that I must meet the 30% food sales requirement at any time during the license term. (50% food sales requirement for Class B Clubs with reciprocal agreements and/or multiple ownership.)
- I am renewing my license. I understand that I must meet the 30% food sales requirement at any time during the license term. (50% food sales requirement for Class B Clubs with reciprocal agreements and/or multiple ownership.)

Enter the following information for the 12 months prior to submitting your renewal application:

_____ to _____
 Month/Year Month/Year

Gross Receipts¹: \$ _____

Food Income²: \$ _____

Percentage of Food Income: _____ % **Proceed to Section 9.**

¹**Gross Receipts for Private Clubs** – includes sales of any type made on the licensed premises including food, alcohol, membership fees, cover charges, vending machine concessions, video games and other sales.

²**Food Income** – means the gross receipts from the sale of food on the licensed premise(s) **only** and does not include income derived from the sale of items mixed with alcoholic liquor or cereal malt beverage

