

**MEETING NOTICE
MAIZE CITY COUNCIL
SPECIAL MEETING**

TIME: 6:00 P.M.
DATE: MONDAY, JANUARY 27, 2014
PLACE: MAIZE CITY HALL
10100 W. GRADY AVENUE

**AGENDA
MAYOR CLAIR DONNELLY PRESIDING**

- 1) Call to Order
- 2) Roll Call
- 3) Approval of Agenda
- 4) New Business
 - A. Approval of Cereal Malt Beverage applications from January 27, 2014 through December 31, 2014 for Nancy's Amaize-n Sandwiches.
- 5) Adjournment

SEE CITY COUNCIL BUDGET WORKSHOP PACKET

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

City or County of Maize Sedgwick Co.

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 checked="" type="checkbox"/> License to sell cereal malt beverages for consumption on the premises. <input 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			
Kansas Sales Tax Registration Number (required): <u>004-753175976 F-01</u>			
Name of Corporation <u>NANCY E. MAIZE N SANDWICHES</u>		Principal Place of Business <u>5125 N. MAIZE RD</u>	
Corporation Street Address <u>5125 N. MAIZE RD</u>		Corporation City <u>MAIZE</u>	State <u>KO</u> Zip Code <u>67101</u>
Date of Incorporation <u>11-12-04</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>NANCY E. PARISH</u>		Phone No. <u>316 722-9904</u>	
Residence Street Address		City <u>MAIZE</u>	State <u>KO</u> Zip Code <u>67101</u>

SECTION 3 - LICENSED PREMISE			
Licensed Premise (Business Location or Location of Special Event)		Mailing Address (if different from business address)	
DBA Name <u>PARISH Enterprises LLC</u>		Name	
Business Location Address <u>5125 N. MAIZE RD</u>		Address	
City <u>MAIZE</u>	State <u>KO</u>	City	State <u>KO</u> Zip <u>67101</u>
Business Phone No. <u>316-722-9904</u>		<input type="checkbox"/> Applicant owns the proposed business location. <input type="checkbox"/> Applicant does not own the proposed business location.	
Business Location Owner Name(s) <u>PARISH Enterprises - Nancy E. PARISH</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>Nancy E. Parish</u>		Position <u>owner</u>	Date of Birth <u>9-15-64</u>
Residence Street Address <u>4815 N. MAIZE RD</u>		City <u>Wichita</u>	State <u>KO</u> Zip Code <u>67205</u>
Spouse Name		Position	Date of Birth
Residence Street Address		City	State <u>KO</u> Zip Code
Name		Position	Date of Birth
Residence Street Address		City	State <u>KO</u> Zip Code
Spouse Name		Position	Age
Residence Street Address		City	State <u>KO</u> Zip Code
Name		Position	Date of Birth
Residence Street Address		City	State <u>KO</u> Zip Code
Spouse Name		Position	Age
Residence Street Address		City	State <u>KO</u> Zip Code

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

Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		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		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		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		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		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		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		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		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		Date of Birth
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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following:		
Manager/Agent Name <i>DANIEL PARISH</i>	Phone No. <i>316 708-4383</i>	Date of Birth <i>9-15-64</i>
Residence Street Address <i>4815 N. Ridge Rd</i>	City <i>Wichita</i>	Zip Code <i>67205</i>
Manager or Agent Spousal Information		
Spouse Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE	
<p>Within two years immediately preceding the date of this application, have any of the individuals identified in Sections 4 & 5 have 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.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have any of the individuals identified in Sections 4 and 5 been managers, officers, directors or stockholders owning more than 25% of the stock of a corporation which: (1) had a cereal malt beverage license revoked; or (2) was convicted of violating the Club and Drinking Establishment Act or the CMB laws of Kansas.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>All of the individuals identified in Sections 4 & 5 are at least 21 years of age¹.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6 – 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

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 *Daniel Parish* DATE *1-24-14*

FOR CITY/COUNTY OFFICE USE ONLY:	
<input type="checkbox"/> License Fee Received Amount \$ _____ Date _____	(\$25 - \$50 for Off-Premise license or \$25-200 for On-Premise license)
<input type="checkbox"/> \$25 CMB Stamp Fee Received Date _____	
<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Completed Date _____ <input type="checkbox"/> Qualified <input type="checkbox"/> Disqualified
<input type="checkbox"/> New License Approved	Valid From Date _____ to _____ By: _____
<input type="checkbox"/> License Renewed	Valid From Date _____ to _____ By: _____
<input type="checkbox"/> 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 QUARTERLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 915 SW HARRISON STREET ROOM 214, TOPEKA, KS. 66625-3512.

¹ Spouse not required to be over 21 years of age. K.S.A. 41-2703(b)(9)