

## **Cereal Malt Beverage Supplemental Application**

Please complete the following for the agent or manager for corporate or partnership licenses or if you are applying for an individual license, the individual. The information will be used by the City of Shawnee Police Department to conduct a criminal history check. The City of Shawnee is prohibited by K.S.A. 41-2703 from issuing a Cereal Malt Beverage License to any business whose manager has been convicted in the last two years preceding the date of application of a felony, misdemeanor involving moral turpitude, drunkenness, driving a motor vehicle while under the influence of intoxicating liquor or any other intoxicating liquor law.

## Information for Manager, Agent, or Individual Applicant

Full Name:						
	First		Middle Init	ial	Last	
Address of A	Applicant:					
		Address	City	State	Zip	
Date of Birth	1:			Race:		
	Month	Day	Year			
Drivers License #:				_ State of Issuance:		
	_	•			that any misrepresentatior I Malt Beverage License.	
Signature of	Applicant:	-		Date:		



## **Emergency Contact Information**

Sometimes it may be necessary for the Police Department to contact authorized personnel of your business after normal business hours. Please list at least two (2) persons that can be contacted by the Police Department, should it become necessary. They should have door keys and be able to respond to assist officers if needed.

Name of Business:
Business Address:
Business Telephone:
First Contact Name:
Residence Telephone:
Cell Number:
Second Contact Name:
Residence Telephone:
Cell Number:
Third Contact Name:
Residence Telephone:
Cell Number:
Do you have an alarm system? ☐ Yes ☐ No
If yes, what type? □ Robbery □ Burglary
Alarm Company Name:
Alarm Company Name:  Alarm Company Telephone:  Date: Signature:  If you would prefer future update requests via your business e-mail, please supply your e-mail.

Print this form, complete the information and return it to the Community Development Department at City Hall.