CITY OF COFFEYVILLE BOARD OF COMMISSIONERS AGENDA ITEM		
MEETING DATE	January 26. 2016	
RESOLUTION OR ORDINANCE NUMBER	n/a	
AGENDA TITLE	Discussion and action to approve a cereal malt beverage license for MKT at 1401 W. 11th Street.	
REQUESTING DEPARTMENT	Administration	
PRESENTER	Cindy Price, City Clerk	
FISCAL INFORMATION	Cost as recommended:	n/a
	Budget Line Item:	
	Balance Available	
	New Appropriation Required:	[ ] Yes [ ] No
PURPOSE	Approve a CMB license.	
BACKGROUND	MKT, 1401 W. 11th, has a new owner who is applying for a cereal malt beverage (CMB) license. The Fire Department and Kansas Department of Agriculture have inspected the business location, and the Police Department has performed a background check. MKT meets the requirements set out by state statute and is eligible to receive a cereal malt beverage license. A copy of their application is attached..	
SPECIAL NOTES	n/a	
ANALYSIS	n/a	
PUBLIC INFORMATION PROCESS	n/a	

BOARD OR COMMISSION RECOMMENDATION	n/a
STAFF RECOMMENDATION	Approve a CMB license for MKT..
REFERENCE DOCUMENTS ATTACHED	n/a

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

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

☑ City or ☐ County of COFFEYVILLE

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): 004-47-5427101F-01

Name of Corporation: MKT INVESTMENT INC	Principal Place of Business: 1401 W 11TH ST,		
Corporation Street Address: 1405 W 10 TH ST	Corporation City: COFFEYVILLE	State: KS	Zip Code: 67337
Date of Incorporation: 10-20-15	Articles of Incorporation are on file with the Secretary of State.	☑ Yes ☐ No	
Resident Agent Name	Phone No. 918-913-6346		
Residence Street Address	City: COFFEYVILLE	State: KS	Zip Code: 67337

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)	Mailing Address (If different from business address)
DBA Name: MKT INV. INC.	Name
Business Location Address: 1401 W 11TH ST	Address
City: COFFEYVILL State: KS Zip: 67337	City State Zip
Business Phone No.	☑ Applicant owns the proposed business location. ☐ 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: MOHAMMAD ARIFUR SIKDER	Position: President		Date of Birth: 08-01-76
Residence Street Address: 1405 W. 10st	City: Coffeyville.	State	Zip Code: 67337
Spouse Name: Setmin Saleha	Position		Date of Birth
Residence Street Address: 1405 - W. 10st	City: Coffeyville.	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
Name	Position		Date of Birth
Residence Street Address	City	State	Zip Code
Spouse Name	Position		Age
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.		☐ Yes ☑ No
If yes, provide the following:		
Manager/Agent Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code
Manager or Agent Spousal Information		
Spouse Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE	
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.	☐ Yes ☑ No
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.	☑ Yes ☑ No
All of the individuals identified in Sections 4 & 5 are at least 21 years of age[1].	☑ Yes ☐ No

SECTION 6 – DURATION OF SPECIAL EVENT		
Start Date	Time	☐ AM ☐ PM
End Date	Time	☐ AM ☐ 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 _____ DATE 01-12-2016

FOR CITY/COUNTY OFFICE USE ONLY:

☒ **License Fee Received Amount $** 50 **Date** 01/12/16
($25 - $50 for Off-Premise license or $25-200 for On-Premise license)

☒ **$25 CMB Stamp Fee Received Date** 01/12/16

☐ **Background Investigation** ☐ Completed Date _____ ☐ Qualified ☐ Disqualified

☐ **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 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)

Print Form