

## Kansas Cereal Malt Beverage License Information

Pursuant to K.S.A. 41-2702(c), Cereal Malt Beverage (CMB) applications for a license shall be made upon a form prepared by the Office of the Kansas Attorney General and cannot be created or modified by the city or county. To obtain detailed information and current forms provided by the Attorney General's office, go to: <http://www.ksrevenue.org/cmbinfo.htm>

There are two types of licenses: On-Premise consumption and Off-Premise consumption. **Each license type requires a separate application, State CMB Stamp and License.**

Cereal Malt Beverages cannot be sold without a valid CMB License that has been issued by the city or county where the licensed premise is located. Cities and counties must verify each CMB application, collect the \$25 State CMB Stamp fee for each license and affix the State CMB Stamp to the application and license. The State Copy of the State CMB Stamp is affixed to the report form.

### Instructions to Complete the Kansas Cereal Malt Beverage Monthly Report

#### WHO IS REQUIRED TO USE THIS FORM?

All cities and counties are required to file this report on a monthly basis when a CMB license has been issued.

#### DUE DATE:

The monthly report and remittance is due by the 25<sup>th</sup> of the month following the report period. The report is only required to be filed when a CMB license has been issued.

#### FILING:

1. To complete the ABC-307 (Rev. 7.1.12) Cereal Malt Beverage Monthly Report:
  - a. **Report Month:** Check the box for the Month you are reporting.
  - b. **Year:** Enter the year you are reporting.
  - c. Complete the demographic information required on the form and check the appropriate box if you are a city or county office.
  - d. **CMB Licenses Issued:** Enter the information required on the form. Check the appropriate box if you have issued an On-Premise or Off-Premise license.
  - e. Affix the State copy of the CMB Stamp to the "Affix CMB Stamp" box.
2. Read the statement, then sign the form, enter your title and the date you signed the form.
3. Make a copy of the completed report for your records.
4. Complete the voucher below and detach.
5. Attach the \$25 State CMB Stamp fee for each license to your completed voucher.
6. File your report and remit your payment to the address on the form by the 25<sup>th</sup> of the following month.

If you have questions or need assistance with this report, contact the ABC Marketing Unit at 785-296-7015 and press option #1.



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Detach and Return with Payment

#### KANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

##### Cereal Malt Beverage Stamp Fee Voucher

Office Name	<input type="checkbox"/> City <input type="checkbox"/> County	Report Month	Report Year
Total CMB Stamp Fee (MBRS):		\$	



**Kansas Alcoholic Beverage Control**  
**Licensing Unit**  
 915 SW Harrison Street, Room 214  
 Topeka, KS 66625-3512  
 Telephone 785-296-7015 FAX 785-296-7185

### CEREAL MALT BEVERAGE MONTHLY REPORT

<b>REPORT MONTH:</b>	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<b>Year:</b>
	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December	
Office Name			<input type="checkbox"/> City <input type="checkbox"/> County	Contact Person Name			
Mailing Address				City		Zip Code	
Telephone Number			E-Mail Address				

<b>CMB LICENSES ISSUED:</b>								
Owner Name			DBA Name			Affix CMB Stamp.		
Location Address			City		County			Zip Code
Telephone Number		<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer	Date Issued		Expiration Date			

Owner Name			DBA Name			Affix CMB Stamp.		
Location Address			City		County			Zip Code
Telephone Number		<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer	Date Issued		Expiration Date			

Owner Name			DBA Name			Affix CMB Stamp.		
Location Address			City		County			Zip Code
Telephone Number		<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer	Date Issued		Expiration Date			

Owner Name			DBA Name			Affix CMB Stamp.		
Location Address			City		County			Zip Code
Telephone Number		<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer	Date Issued		Expiration Date			

Owner Name			DBA Name			Affix CMB Stamp.		
Location Address			City		County			Zip Code
Telephone Number		<input type="checkbox"/> On-Premise Retailer <input type="checkbox"/> Off-Premise Retailer	Date Issued		Expiration Date			

**This report must be filed by the 25<sup>th</sup> day of the following month and submitted with payment attached.**

**All records shall be maintained for three years and shall be available for inspection by the Director or any agent or employee of the Director or Secretary upon request. DO NOT SEND COPIES OF THE CEREAL MALT BEVERAGE APPLICATIONS.**

**Under penalties of perjury, I declare the information contained in this document represents a true, accurate and complete disclosure of information. I also authorize KDOR to send communications to the e-mail address provided on this form.**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_