

KANSAS LIQUOR LICENSE APPLICATION INSTRUCTIONS

GENERAL INSTRUCTIONS

Please complete all information. All questions must be answered fully and truthfully. You may apply online at <http://ksabconline.org> or complete this form. Completed applications are submitted to the Alcoholic Beverage Control at the address on the form. **Application begins on page 2.** Additional information may be found on our website at: <http://www.ksrevenue.org/abc.html>

Do not submit your renewal application to ABC more than 60 days in advance of the license expiration date.

APPLICATION PREREQUISITES

1. You are required to obtain a Federal Employer Identification Number (FEIN) prior to submitting your application for liquor licensure. For more information, go to: <http://www.irs.gov/>
2. You must obtain your standard Tax Clearance Certificate **prior to completing** your application for liquor licensure. Additional information is available on the Kansas Department of Revenue's website. View this information and request your tax clearance at: <http://www.ksrevenue.org/taxclearance.html>

ADDITIONAL STATE TAXATION REQUIREMENTS – BUSINESS TAX REGISTRATION

Your business must be registered with the Kansas Department of Revenue to collect and pay all applicable taxes, including liquor drink, liquor enforcement, sales tax, withholding, etc. If you are required to collect Liquor Drink tax, you must also post a Liquor Drink tax bond with the Director of Taxation.

To register, complete the [CR-16 Business Tax Application booklet](#) and submit with your liquor license application; or, you may register online at <http://www.kdor.ks.gov/Apps/KCSC/login.aspx>

INSTRUCTIONS AND TIPS TO COMPLETE THE APPLICATION FOR LIQUOR LICENSE (ABC-800):

Applicants may apply for multiple licenses as permitted by law, however, the **ownership must be exactly the same for each of the licenses you are applying for.**

NOTE – This form can be saved. We recommend that you save the form prior to entering information and continue to save information on a regular basis as you complete the form.

1. Complete Sections 1-10. If you are an out-of-state winery applying for a Special Order Shipping license you only need to complete Sections 1, 2, 3, 6, 7 & 10 and do not need to attach a copy of the deed, lease or purchase agreement.
2. Ensure all information in this application is true, accurate and complete.
3. If there is a change in ownership or officers attach a copy of the meeting minutes or purchase agreement reflecting those changes.
4. In Section 5, the Process Agent's signature is required. The appointed Process Agent must be the same for each license held by the business entity.

FINALIZING YOUR APPLICATION:

Attach all required documentation to your application and the appropriate license fee(s), modernization fee(s) and application fee(s) for each license. You have the following options:

- a. pay the license fee, modernization fee and application fee in full; or,
- b. pay ½ the license fee and the entire modernization and application fee. **The remaining ½ of the license fee plus a 10% surcharge must be paid within one year or your license will automatically be cancelled.** (Refer to Section 1).
- c. make your check or money order payable to the "Kansas Department of Revenue".

Submit your application and payment to the address on the form.

CONTACT INFORMATION:

Questions may be directed to the ABC Licensing Unit.

- Email: KDOR_ABC.Licensing@ks.gov
- Phone: 785-296-7015, press option #2



KANSAS LIQUOR LICENSE APPLICATION

ENTITY NAME: _____ **FEIN:** _____

To calculate license fees, multiply the license quantity by the two-year license fee, multiply the application fee quantity by the correct fees, then add together. Enter that sum in the "Total" column. For multiple license types, add the "Total" column then enter the amount in "Total Fees Due" below.

SECTION 1 – LICENSE TYPES and FEES Check the appropriate box(es) for the license(s) you are applying for.							
License Type (check all that apply)	License Quantity	Two Year License Fee	+	Application Quantity	Modernization Fee Add Fee for Each License	Application Fee Add Fee for Each License	= Total
<input type="checkbox"/> Class A Club (Fraternal/Veterans)		\$ 500	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Class A Club – Social (500 members or less)		\$ 1,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Class A Club – Social (over 500 members)		\$ 2,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Class B Club		\$ 2,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Caterer		\$ 1,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> DE/Caterer		\$ 3,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Drinking Establishment (DE)		\$ 2,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Hotel		\$ 6,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Hotel/Caterer		\$ 7,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Public Venue – up to 10,000 persons		\$ 5,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Public Venue – up to 25,000 persons		\$ 7,500	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Public Venue – more than 25,000 persons		\$ 10,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Retailer (limit of one license per person)		\$ 500	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Farm Winery		\$ 500	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Farm Winery Outlet		\$ 100	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Microbrewery		\$ 500	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Microbrewery – Packaging and Warehousing Facility		\$ 200	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Microdistillery		\$ 500	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Microdistillery – Packaging and Warehousing Facility		\$ 200	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Manufacturer – Alcohol and Spirits		\$ 5,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Manufacturer – Wine		\$ 1,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> New Beer and CMB Manufacturer		\$ 2,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30	= \$
<input type="checkbox"/> Beer and CMB Manufacturer 1-100 Barrels		\$ 400	+		<input type="checkbox"/> \$20	<input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Beer and CMB Manufacturer 100-150 Barrels		\$ 800	+		<input type="checkbox"/> \$20	<input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Beer and CMB Manufacturer 150-200 Barrels		\$ 1,400	+		<input type="checkbox"/> \$20	<input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Beer and CMB Manufacturer 200-300 Barrels		\$ 2,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Beer and CMB Manufacturer 300-400 Barrels		\$ 2,600	+		<input type="checkbox"/> \$20	<input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Beer and CMB Manufacturer 400-500 Barrels		\$ 2,800	+		<input type="checkbox"/> \$20	<input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Beer and CMB Manufacturer 500 or more Barrels		\$ 3,200	+		<input type="checkbox"/> \$20	<input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Wine Distributor		\$ 2,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Beer Distributor		\$ 2,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Spirits Distributor		\$ 2,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Non-Beverage User Class 1 – up to 100 Gallons		\$ 20	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Non-Beverage User Class 2 – up to 1,000 Gallons		\$ 100	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Non-Beverage User Class 3 – up to 5,000 Gallons		\$ 200	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Non-Beverage User Class 4 – up to 10,000 Gallons		\$ 400	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Non-Beverage User Class 5 – over 10,000 Gallons		\$ 1,000	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Special Order Shipping		\$ 100	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
<input type="checkbox"/> Producer		\$ 200	+		<input type="checkbox"/> \$20	<input type="checkbox"/> New \$30 <input type="checkbox"/> Renew \$10	= \$
Payment Option (check one):						TOTAL FEES DUE \$	
<input type="checkbox"/> License fee and application fee in full.							
<input type="checkbox"/> 1 st half license fee plus the entire modernization fee and application fee. 2 nd ½ license fee + 10% due in 1 year.							



ENTITY NAME: _____

FEIN: _____

SECTION 2 – BUSINESS ENTITY INFORMATION

Application Type (check one):

NEW LICENSE (check one):

- I have completed my Business Tax Application (KS-1216) and will submit with my liquor license application.
- I have registered for my business taxes online: <https://www.accesskansas.org/businesscenter/index.html>

Out-of-State Special Order Shipping Applicants Only: Note: This is a one-time requirement.

I have attached a copy of my filed Irrevocable Consent to Jurisdiction (ABC-160).

RENEW LICENSE(S)

EXPIRATION DATE:

LICENSE NUMBER:

Business Mailing Address for All Licenses

FEIN:

Business Entity Name		Contact Person Name	
Business Entity Mailing Address			
City		State	Zip Code
Business Phone No.		E-mail Address	

Check your business entity type below:

- Sole Proprietor**
Is the applicant a resident of Kansas?
I live in _____ county. Yes No
- Corporation** – Attach a copy of the Articles of Incorporation and By Laws to your application. *(New applicants only.)*
- General Partnership** – Attach a copy of the Partnership Agreement to your application. *(New applicants only.)*
Partners live in the following county(ies): _____
- LLC or LLP** – Attach a copy of the Articles of Organization and Operating Agreement. *(New applicants only.)*
- Trust** – Attach a copy of the Declaration of Trust. *(New applicants only.)*
- Municipal Corporation** – (Requires Process Agent and Management Services Agreement)
- Government** – (check one): City County State Federal
- Other:** _____

Primary contact person with whom the ABC should contact for **licensing** questions (check one):

Owner/Officer (check only one “yes” from Section 4) Process Agent (Section 5) Authorized Person (below)

Authorize the ABC to discuss your license and/or application or any legal proceedings taken by the ABC against your license to the following:

Check one:

- I authorize the following person.
- I do not wish to authorize a person other than the Owner/Officer (Section 4) or Process Agent (Section 5).

Name		Daytime Phone	
Address	City	State	Zip Code
			E-mail Address

Corporations, Partnerships, LLCs or LLPs only:

Your Corporation, Partnership, LLC or LLP must be in good standing with the Kansas Secretary of State.

I have attached a Certificate of Good Standing (requires fee) or a search results print out from the Secretary of State’s website (no charge) to the application. To print from the Secretary of State’s website, go to: <https://www.kansas.gov/bess/flow/main?execution=e1s1>

Yes No

SECTION 3 – TAX CLEARANCE

Applicants must be current on their liquor taxes and provide proof by obtaining a tax clearance certificate. To apply for your tax clearance, go to: <http://www.ksrevenue.org/taxclearance.html>

I have attached a copy of my Tax Clearance certificate to my application.

Yes No



ENTITY NAME: _____

FEIN: _____

SECTION 4 – ENTITY CORPORATE STRUCTURE

Is the applicant a municipal corporation? **Yes¹ (proceed to Section 5)** ¹Requires Management Services Agreement (ABC-807)
 No (proceed to next question)

Is this a publicly traded company? **Yes (complete for corporate officers and spouses; and, anyone with 5% or more ownership)**
 No (complete ownership information below for all owners)

**Social Security Number. Under the Federal Privacy Act, disclosure of a social security number in this application is voluntary. If no social security number is disclosed for each person listed in this application, a state issued driver's license number or government issued identification card number must be provided. Any social security number provided may be forwarded to the Department of Social and Rehabilitative Services in compliance with K.S.A. 39-758.*

The following information must be provided on the applicant(s); individual owners; partners; all officers and directors (if a corporation or LLC); and anyone with a financial interest, **AND the spouses of all submitted persons** (attach additional pages as necessary). The percentage(s) of ownership must total 100%. Class A Clubs: officers enter a zero (0) in the % Ownership. Includes parent company.

President or Equivalent Primary Contact: Yes
 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

Vice President or Equivalent Primary Contact: Yes
 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

Secretary or Equivalent Primary Contact: Yes
 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



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



ENTITY NAME: _____

FEIN: _____

SECTION 5 – APPOINTMENT OF PROCESS AGENT WITH POWER OF ATTORNEY (Required for Corporations, LLCs and Municipal Corporations)					
<input type="checkbox"/> I am an out-of-state Special Order Shipping license applicant. (Proceed to Section 6)					
<i>NOTE: The Process Agent must be a Kansas resident <u>and</u> a United States citizen.</i>					
Last Name		First Name		Middle Name	Gender
Social Security Number*		Driver's License Number		DL State	% Ownership
Current Residential Address		City	State KS	County	Zip Code
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
Process Agent Signature		Date Signed	Printed Name		
Officer Spousal Information					
Last Name		First Name		Middle Name	Gender
Social Security Number*		Driver's License Number		DL State	% Ownership
Current Residential Address Address		City	State KS	County	Zip Code

SECTION 6 – BACKGROUND QUALIFICATIONS	
If the answer to any question is yes, provide explanation on separate page and attach to your application.	
1. Has any person listed in Sections 4 and 5 been convicted of a felony in Kansas, in any other state, or under federal law? If yes, provide the following: State of Conviction: _____ Case #: _____ Name of charge: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any person listed in Sections 4 and 5 been convicted of a morals charge (prostitution; procuring any person; solicitation of a child under 18 for immoral act involving sex; possession or sale of narcotics, marijuana, amphetamines or barbiturates; rape; incest; gambling; adultery; or bigamy) in Kansas or any other state? If yes, provide the following: State of Conviction: _____ Case #: _____ Name of charge: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any person listed in Sections 4 and 5 had an alcoholic liquor or cereal malt beverage license revoked in Kansas or in any state? If yes, provide the following: State: _____ DBA Name: _____ Date of revocation: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any person listed in Sections 4 and 5 currently a law enforcement officer or non-elected official who supervises or appoints any law enforcement officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. Does any person listed in Sections 4 and 5 have an ownership interest in any other business licensed to sell alcoholic liquor in Kansas? If yes, provide the following (you may attach a list as required): DBA Name(s): _____ License Number(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b. Does any person listed in Sections 4 and 5 have an ownership interest in any other business licensed to sell cereal malt beverage in Kansas? If yes, provide the following: License #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does any person listed in Sections 4 and 5 not meet the Kansas residency requirement for the type of license applied for? (Class A & B Club, Caterer or Drinking Establishment – 1 year; Retailer – 4 years; Manufacturer – 5 years; Farm Winery, Microbrewery or Microdistillery – must be Kansas resident)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is any person listed in Sections 4 and 5 not a US Citizen? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



ENTITY NAME: _____

FEIN: _____

SECTION 7 – Business Location Information			
List attached for multiple locations			
Does the applicant own the proposed location(s)? *If yes, attach a copy of the Deed for each location to the application. (New applicants only.)	<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Does the applicant have a purchase agreement for the proposed location(s)? *If yes, attach a copy of the Purchase Agreement for each location to the application. (New applicants only.)	<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Does the applicant lease the proposed location(s)? *If yes, attach a copy of the Lease to the application. (New applicants or renewal applicants with lease changes.)	<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Lease End Date: _____			
Is the premise(s) owned by a city or county, or is this a stadium, arena, convention center, theater, museum, amphitheater or other similar premises? *If yes, attach a copy of the Executed Agreement for alcoholic beverage services to the application. (New applicants or renewal applicants with lease changes.)	<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Executed Agreement End Date: _____			
Location Information Check One: <input type="checkbox"/> New License License Type: <input type="checkbox"/> Renew License No.			
Location DBA Name	Business Phone No.		
Location Street Address			
City	County	State	Zip Code
Contact Person Name	Contact Person Phone No.	Contact Person E-mail Address	
Additional Location Information Check One: <input type="checkbox"/> New License License Type: <input type="checkbox"/> Renew License No.			
Location DBA Name	Business Phone No.		
Location Street Address			
City	County	State	Zip Code
Contact Person Name	Contact Person Phone No.	Contact Person E-mail Address	
Additional Location Information Check One: <input type="checkbox"/> New License License Type: <input type="checkbox"/> Renew License No.			
Location DBA Name	Business Phone No.		
Location Street Address			
City	County	State	Zip Code
Contact Person Name	Contact Person Phone No.	Contact Person E-mail Address	
Additional Location Information Check One: <input type="checkbox"/> New License License Type: <input type="checkbox"/> Renew License No.			
Location DBA Name	Business Phone No.		
Location Street Address			
City	County	State	Zip Code
Contact Person Name	Contact Person Phone No.	Contact Person E-mail Address	



ENTITY NAME: _____

FEIN: _____

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: <http://ksrevenue.org/abcgeninfo.html>

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.**

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

²Food 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.**

¹Gross 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.

²Food 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



ENTITY NAME: _____

FEIN: _____

SECTION 9 – MANAGEMENT SERVICES DISCLOSURE

(Required for Retailers and Municipal Corporations Only)

Does not apply to managers hired to work for your company.

1. Are you applying for a Retailer license? Yes No

2. Is your entity a Municipal Corporation? Yes No

**If you answered "No" to questions 1 and 2, Proceed to Section 10.*

3. Will any person/entity other than the owner(s) or partners be engaged or contracted to perform management or operational services? Yes* No

**If yes, you must complete and attach the Management Services Information (ABC-807)*

SECTION 10 – APPLICATION OATH

Under penalties of perjury, I declare the information contained in this document and all application materials represents a true, accurate and complete disclosure of information.

I hereby authorize disclosure and investigation of my financial records, including those held by third parties, to duly authorized agents of the Director of Alcoholic Beverage Control as necessary to determine qualification for licensure. I also authorize KDOR to send communications to the e-mail address provided on this form. Furthermore, if a Corporation or LLC, I appoint the Process Agent with Power of Attorney identified in Section 5, who is a United States citizen and a Kansas resident, upon whom process may be served in any action brought against it.

 Signature of Applicant Date

 Printed Name Title

ABC OFFICE USE ONLY

License Fee		Application Fee		Modernization Fee	Associate Initials/Date
<input type="checkbox"/> Full	Amount \$ _____	<input type="checkbox"/> \$30 New License	<input type="checkbox"/> \$10 Renew License	<input type="checkbox"/> \$20	
<input type="checkbox"/> 1 st Half	Amount \$ _____	<input type="checkbox"/> \$30 New License	<input type="checkbox"/> \$10 Renew License	<input type="checkbox"/> \$20	