



**KANSAS DEPARTMENT OF REVENUE
ALCOHOLIC BEVERAGE CONTROL DIVISION
915 SW HARRISON
TOPEKA, KANSAS 66625-3512
Phone 785-296-7015**

Salesperson Permit Application and Agreement Instructions

Any person(s) working as sales representatives, who work with Kansas liquor licensees and actually solicit or take orders, either in person, over the phone or electronically, for alcoholic liquor or cereal malt beverage from licensees, are required to obtain a salesperson permit prior to conducting any sales. A salesperson's permit is required for Kansas Manufacturers, Suppliers; and, for employees of Retail Liquor Stores, Distributors, Farm Wineries and Microbreweries who are soliciting orders off of the licensed premise.

No person shall act as salesperson for more than one person, firm or corporation under one permit. Additional permits may be granted the same applicant for additional principals.

1. Check application type.
 - a. New Permit. Check the "New Permit" box if you do not have a Kansas Salesperson's Permit or if your Kansas Salesperson's Permit has been expired for more than 30 days.
 - b. Renew Permit #. Check the "Renew Permit #" box to renew your current Kansas Salesperson's Permit and enter your permit number.
 - c. Change of Address. Check this box if you currently possess a Salesperson's Permit and have a new address. Complete the Employer and Salesperson information and return to the ABC. **You must notify the ABC within 5 days of your address change.**
 - d. Termination. Check this box if you are terminating your Salesperson's Permit. Complete the Employer and Salesperson information, attach your Kansas Salesperson's Permit to the form and return to the ABC. **You must notify the ABC and surrender your permit within 5 days of termination.**
2. Complete, sign and date the Salesperson's Permit Application and Agreement form.
3. Make a copy of the completed Salesperson Permit Application and Agreement. Retain the copy for your records.
4. Complete the attached Salesperson Permit Voucher (for new permits and renewed permits only).
 - a. New Permit. Check the "New Permit" box; enter the employer name and your name as it appears on the Salesperson Permit Application and Agreement.
 - b. Renew Permit #. Check the "Renew Permit #" box and Salesperson's Permit number; enter the employer name and your name as it appears on the Salesperson Permit Application and Agreement.
5. Make your check payable to the "Kansas Department of Revenue" and attach it to the Salesperson Permit Voucher below.
6. Attach a color photograph of the applicant to the Salesperson Permit Application and Agreement for new and renewal permits.
7. Return the original completed Salesperson Permit Agreement with photograph attached and the \$10.00 Salesperson Permit fee attached to the completed voucher to the ABC Marketing Unit at the address on the application.

All approved Salesperson Permits are mailed to your employer's address.

Additional information may be found in the Handbook for Salespersons at: <http://www.ksrevenue.org/abcstatutes.htm>

Direct your questions to the Marketing Unit at 785-296-7015 or e-mail to ABC_Marketing_Unit@kdor.state.ks.us



Detach and Return with Payment

KANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

Salesperson Permit Fee Voucher

New Permit Renew Permit # _____

\$10.00 Permit Fee Enclosed (CLPR) Photograph of applicant attached to Salesperson Permit Application

Salesperson Name: _____

Employer Name: _____



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SALESPERSON PERMIT APPLICATION AND AGREEMENT

Application Type: New Permit Renew Permit # _____
 Change of Address Termination Date _____ Permit # _____

Employer Information			
Liquor License or Supplier Permit Number:			
Business Name:			
Mailing Address :			
City:	State:	Zip:	
Phone Number:	Fax Number:		
E-mail Address:			
Salesperson Information			
Applicant Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:		Social Security No:	
Address:			
City:	State:	Zip:	
Phone Number:	E-mail Address:		
Height:	Weight:	Hair Color:	Eye Color:

ATTACH PHOTOGRAPH HERE

Please answer the following questions.

	Yes	No
1. Have you been convicted of or pled guilty to a felony?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of or pled guilty to a morals charge? <small>(Morals charge includes: prostitution; procuring any person; solicitation of a child under 18 for immoral act involving sex; possession or sales of narcotics; marijuana; amphetamines or barbiturates, rape, incest; gambling; adultery; bigamy).</small>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had any alcoholic liquor or cereal malt beverage license or permit revoked or denied under the laws of Kansas, any other State or the United States?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a beneficial interest in a retailer of alcoholic liquor or cereal malt beverage; or, any club, drinking establishment or caterer licensed in the State of Kansas?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any question, please give full details below.

I hereby agree, if such permit is issued, not to violate any of the provisions of the Kansas Liquor Control Act and the Cereal Malt Beverage laws of this state and any rules and regulations adopted. I further agree to keep a complete record of all orders or sales made by me and furnish to the Director or a representative of the Director upon request. I further agree that all information submitted is true and correct and I know of no reason which could disqualify me from holding said permit. I also authorize KDOR to send communications to the e-mail address provided on this form.

Employer Signature

Date

Salesperson Signature

Date

FOR OFFICE USE ONLY:

<input type="checkbox"/> \$10 Permit Fee Received Date _____	Background: <input type="checkbox"/> Approved <input type="checkbox"/> Disqualified	Associate/Date: _____
<input type="checkbox"/> New Permit Approved _____ Expires _____	<input type="checkbox"/> Renewed From July 1, 20_____ to June 30, 20_____	
<input type="checkbox"/> Permit Issued Date: _____ Associate: _____	Permit Number: _____	