



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

Instructions to Complete the Irrevocable Consent to Jurisdiction:

Pursuant to K.S.A. 41-313(b), non-resident applicants applying for a license or permit are required to file with the Secretary of State of Kansas its irrevocable written consent that any action or garnishment proceeding may be commenced against the applicant in the courts of this state by service of process on the resident agent. This is a one-time requirement for the life of your license or permit.

All information must be completed and the required fee submitted or this document will not be accepted by the Secretary of State's Office for filing. There is a \$25.00 service fee for all checks returned by your financial institution.

All Applicants:

1. Applicant Name: Enter the name of your company. *If your company is a corporation, you are required to complete the resolution section below.*
2. Mailing Address: Enter your mailing address, city, state and zip code.
3. Phone: Enter your phone number.
4. Signature and date: After reading the form, sign and enter the date you signed the form.
5. I have enclosed the \$35.00 filing fee checkbox: Check the box and attach your \$35.00 filing fee to the form. Make your check payable to the Kansas Secretary of State.
6. I understand I must provide a photocopy of this form to the ABC that has been filed by the Secretary of State checkbox: Check the box.

Resolution Section – Corporation Applicants Only:

Complete this section in addition to the "All Applicants" section.

1. Signature of Secretary: After reading the statement, sign the form. You must attach a copy of the resolution to your Irrevocable Consent to Jurisdiction.
2. Resolution: After reading the resolution, the President and Secretary must print their names, sign and enter the date they signed the form.

Filing the Irrevocable Consent to Jurisdiction:

Mail your completed form with the \$35.00 filing fee to:

Secretary of State
Memorial Hall, 1st Floor
120 SW 10th Ave
Topeka, KS 66612-1594
785-296-4564
www.kssos.org

Completing Your Liquor License or Permit Application:

Upon receipt of your Irrevocable Consent to Jurisdiction from the Secretary of State, please mail or fax a copy with this letter and a copy of the file stamped Irrevocable Consent to Jurisdiction to:

Kansas Department of Revenue
Division of Alcoholic Beverage Control
915 SW Harrison, Room 214
Topeka KS 66625-3512
785-296-7015
Fax: 785-296-7185
ABC_Marketing_Unit@kdor.state.ks.us

Contact Information:

If you need assistance completing this form, contact the Secretary of State's office at their number listed above. If you need assistance completing your liquor license application, contact the Alcoholic Beverage Control at their number listed above.

Irrevocable Consent to Jurisdiction

Applicant Name	
Mailing Address	
City State Zip Code	
Phone	

Do not write in this space.

1. By making application for a liquor license or permit from the state of Kansas pursuant to K.S.A. 41-313(b), applicant irrevocably consents, as a condition precedent to obtaining a liquor license or permit, that any action or garnishment proceeding may be commenced against applicant in the courts of this state by service of process on the resident agent specified in K.S.A. 41-313(a) of this section; and applicant stipulates and agrees that such service shall be taken and held in all courts to be as valid and bring as if due service had been made upon the applicant.
2. Applicant stipulates, agrees and consents that the courts of this state have jurisdiction over applicant and are the proper and convenient forum for any action commenced against applicant.
3. Applicant waives the right to request a change of jurisdiction or venue to a court outside this state and stipulates, agrees and consents that all actions arising under the Kansas Liquor Control Act (K.S.A. 41-101 et seq.) and commenced by the applicant shall be brought in this state as the proper and convenient forum.

Signature:

Date:

*** If the applicant named is a corporation, complete the following section ***

I certify that this resolution is a true and correct copy of the resolution adopted by the Board of Directors:

Signature of Secretary:

Resolution

RESOLVED, that the President and Secretary of this corporation are hereby authorized and directed to sign the Kansas Irrevocable Consent to Jurisdiction on behalf of the corporation and to file the same with the office of the Secretary of State of Kansas.

President name (print)

Signature

Date

Secretary name (print)

Signature

Date

- I have enclosed the **\$35.00 Filing Fee**. Make checks payable to the **Kansas Secretary of State**.
Mail the completed form and payment to: Kansas Secretary of State, Memorial Hall, 1st Floor, 120 SW 10th Avenue, Topeka, KS 66612-1594
- I understand I must provide a photo copy of this form to the ABC that has been filed by the Secretary of State. I may email the filed form to abc_marketing_unit@kdor.state.ks.us or fax to 785-296-7185.