



Mark Parkinson, Governor
Joan Wagnon, Secretary

www.ksrevenue.org

ABC Liquor License or Permit Business Name and/or Address Change Form

Business Name	License Number
<input type="checkbox"/> I am changing my Business Name to:	
<input type="checkbox"/> I am changing my DBA Name to:	

I am changing my: <input type="checkbox"/> Business Mailing Address <input type="checkbox"/> Business Location Address			
NEW BUSINESS MAILING ADDRESS			
Street:	County	City	State
Phone Number	Email Address		
BUSINESS LOCATION ADDRESS			
Current Location Address	Street	County	City
New Location Address	Street	County	City
Phone Number	Email Address		
Effective Date:	<input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits		

This change will affect the following license/permit type(s):		
<input type="checkbox"/> Retail Liquor Store	<input type="checkbox"/> Beer Distributor	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Class A Club	<input type="checkbox"/> Spirits Distributor	<input type="checkbox"/> Beer Manufacturer
<input type="checkbox"/> Class B Club	<input type="checkbox"/> Wine Distributor	<input type="checkbox"/> Spirits Manufacturer
<input type="checkbox"/> Drinking Establishment	<input type="checkbox"/> Supplier Permit	<input type="checkbox"/> Wine Manufacturer
<input type="checkbox"/> Hotel / Drinking Establishment	<input type="checkbox"/> Microbrewery License	<input type="checkbox"/> Farm Winery License
<input type="checkbox"/> Caterer	<input type="checkbox"/> Microbrewery Packaging and	<input type="checkbox"/> Farm Winery Outlet
<input type="checkbox"/> Drinking Establishment / Caterer	Warehousing Facility	<input type="checkbox"/> Farm Winery / Caterer
<input type="checkbox"/> Hotel / Caterer	<input type="checkbox"/> Non-Beverage User	<input type="checkbox"/> Wine Shipping Permit
Signature	Date	

Office Use Only	
APPROVED:	DATE:

Return completed form to:

DIVISION OF ALCOHOLIC BEVERAGE CONTROL
CUSTOMER RELATIONS/LICENSING SEGMENT
DOCKING STATE OFFICE BUILDING, 915 SW HARRISON ST., TOPEKA, KS 66625-2073
Voice 785-368-8222 Fax 785-291-3968 <http://www.ksrevenue.org/abc.htm>