



KANSAS LIQUOR LICENSE APPLICATION INSTRUCTIONS

GENERAL INSTRUCTIONS

Please complete all information. All questions must be answered fully and truthfully. You must submit your application with original signatures. Completed applications are submitted to the Alcoholic Beverage Control at the address on the form. **Application begins on page 3.**

APPLICATION PREREQUISITES

1. You are required to obtain a Federal Employer Identification Number (FEIN) prior to submitting your application for liquor licensure.
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.htm>

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 KS-1216 Business Tax Application booklet or you may register online at <https://www.accesskansas.org/businesscenter/index.html> and submit with your liquor license application.

INSTRUCTIONS 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.**

Section 1 – License Application Information:

1. BUSINESS MAILING ADDRESS FOR ALL LICENSES. Enter the Business Mailing Address information.
2. LOCATION INFORMATION. For each location:
 - a. Check the appropriate box, new or renewal. If you are renewing your license, enter your license number for the location.
 - b. Complete the required information.

Section 2 – License Type:

1. Enter your DBA Name and FEIN.
2. LICENSE TYPE. Check the appropriate box for the type of license for which you are applying. If you are applying for multiple licenses, check each license type.
3. QUANTITY. Enter the number of licenses you are applying for. Multiply the license and registration fees by the quantity of licenses you are applying for. *NOTE:* If you have a farm winery license and outlets, you may have up to three outlets.
4. REGISTRATION FEE. Check the appropriate box for either a new or renewal application. Add the registration fee to **each** license applied for or renewed.
5. TOTAL. Add the license and registration fees together and enter the amount in the TOTAL column.
6. TOTAL FEES DUE. Add the amounts in the Total column and enter the total.
7. PAYMENT. Attach your payment in the form of a certified or cashier's check or United States Post Office money order to your application.

Section 3 – Business Ownership Information*

This information is required for individual owners; partners; all officers and directors of a corporation or LLC; anyone with a financial interest, including spouses. **The ownership must total 100%.**

1. Complete the required information for each person with a financial interest in the business.
2. Attach additional pages as necessary and submit with your application.

**If you are applying for a Special Order Shipping license and are not located in Kansas, you are not required to complete this section.*

Section 4 – Appointment of Process Agent with Power of Attorney*

The Process Agent is required for LLCs and Corporations. They must be a Kansas resident and they are required to provide spousal information if they are married.

1. Enter all required information for your Process Agent.

**If you are an out-of-state winery applying for a Special Order Shipping license, you must appoint the Kansas Secretary of State as your process agent by filing the Irrevocable Consent to Jurisdiction form (ABC-160) with their office.*

- a. Check the box, "I am applying for a Special Order Shipping license and I have filed my Irrevocable Consent to Jurisdiction with the Kansas Secretary of State. (Proceed to Section 6).
- b. If you were required to file the Irrevocable Consent to Jurisdiction, attach a copy of this form that has been stamped "FILED" by the Kansas Secretary of State's office and submit with your application for liquor license.

Section 5 – Background Qualifications

Applicants, owners and process agents must meet certain qualifications required by the Liquor Control Act.

1. Check the appropriate box to answer **each** question truthfully for **all** applicants you have listed in Sections 3 and 4.
2. If the answer to any question is yes, you must provide an explanation on a separate page and attach to your application.



Section 6 – Business Entity Information*

1. GOOD STANDING. Your corporation, partnership, LLC or LLP must be in good standing with the Kansas Secretary of State. You are required to attach a letter of good standing which may be obtained from the Secretary of State's office for a fee; or, you may submit a print from the Secretary of State's website at no charge. Go to: <http://www.accesskansas.org/srv-corporations/compressed.do>

If you do not have a corporation, partnership LLC or LLP, check the N/A box.

**If you are an out-of-state winery applying for a Special Order Shipping license, check the box, "I have filed my Irrevocable Consent to Jurisdiction" and proceed to the business entity type section.*

2. ENTITY TYPE. Check the box for your entity type and attach the required documentation to your application as listed by your entity type. Submit with your application for liquor license.

Section 7 – Tax Clearance

All taxes due to the State of Kansas must be filed and paid prior to obtaining a liquor license.

1. Check the appropriate box to answer the question.
 - a. If you answered "Yes", enter the confirmation number on your Tax Clearance certificate.
 - b. If you answered "No", refer to the Application Prerequisite section on page 1 for information to obtain your Tax Clearance certificate.

Section 8 – Premises Information

Applicants must provide information regarding ownership of the proposed location. If you lease the premise, the lease must be valid for at least 3/4 of your license year.

1. Check the appropriate box for each question. If you answered "Yes" to any question, attach any required information to your application.

Section 9 – Management Services Disclosure – Retailer's Only

Performance of management or operational services means the exercise of control by any person(s) or entity other than the owner(s) or partners of a retail liquor store on behalf of the store or its owner(s) or partners over the hiring, firing and/or supervising of employees; ordering, inventory placement and coordinating order delivery to the store; advertising, marketing or promotional programs enlisted, offered or utilized by the store; negotiating, entering into and/or execution of contracts to which the store is a party; payment or authorization to pay for services provided to or purchases made by the store; and performance of any other similar task(s) central to the operation or ability to operate the store.

1. Check the box to answer the first question.
 - a. If you answered "Yes", you must answer the next question.
 - b. If you answered "No", proceed to the next Section.
2. Check the box to answer the question regarding use of management or operational services.
 - a. If you answered "Yes", you must complete **and** attach the Management Services Information form (ABC-807).

Section 10 – Statement of Gross Receipts

Applies to applicants who are also licensed food service establishments and are located in a county that requires 30% of gross sales to be from food sales.

1. Check the box to answer the first question.
 - a. If you answered "Yes", you must answer the next question.
 - b. If you answered "No", proceed to the next Section.
2. Check the box to answer the question regarding 30% food sales requirement.
 - a. If you answered "Yes", you must answer the next question.
 - b. If you answered "No", proceed to the next Section.
3. Check the box to answer if you are applying for a new license or renewing your license.
 - a. If you are renewing your license, complete the information requested and attach your menu to the application.

Section 11 – Designation of Agent

You have the option to designate an agent with whom the ABC may discuss your license and/or application for liquor licensure.

By designating an agent with whom the ABC may discuss your license and/or application, you and, if applicable, the entity, hereby specifically authorize the ABC to share and discuss with such agent any and all information concerning your liquor license, application or any legal proceedings taken by the ABC against your license. You may also appoint the agent as your Process Agent with Power of Attorney.

The designation made pursuant to this form shall be effective until the ABC receives a notice withdrawing your appointment.

1. Check one box:
 - a. I designate the following person and complete the information below; or,
 - b. I do not wish to designate a person and proceed to the next section.

Section 12 – Primary Contact Person from Section 3 with Whom ABC May Discuss My License and/or Application

Complete this section if the contact person is different from the Process Agent listed in Section 4.

1. Enter the required information if you are appointing a primary contact person.

Section 13 – Application Oath

Read the application oath, then:

1. Sign the application and enter the date signed.
2. Attach all required documentation to your application.
3. Attach the appropriate license fee(s) and registration fee(s) for each license. **Payment must be in the form of a certified or cashier's check or United States postal money order.**



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

KANSAS LIQUOR LICENSE APPLICATION

FEIN _____

I have completed my Business Tax Application (CR-16) and will submit with my liquor license application. (New licenses only).

SECTION 1 – LICENSE APPLICATION INFORMATION			
Business Mailing Address for All Licenses			
Business Entity Name		Contact Person	
Business Mailing Address			
City	County	State	Zip
Business Phone No.		E-Mail Address	
Location Information	Check One: <input type="checkbox"/> New License <input type="checkbox"/> Renew License No. _____ License Type: _____		
Location DBA Name			
Location Street Address			
City	County	State	Zip
Business Phone No.		E-Mail Address	
Location Information	Check One: <input type="checkbox"/> New License <input type="checkbox"/> Renew License No. _____ License Type: _____		
Location DBA Name			
Location Street Address			
City	County	State	Zip
Business Phone No.		E-Mail Address	
Location Information	Check One: <input type="checkbox"/> New License <input type="checkbox"/> Renew License No. _____ License Type: _____		
Location DBA Name			
Location Street Address			
City	County	State	Zip
Business Phone No.		E-Mail Address	
Location Information	Check One: <input type="checkbox"/> New License <input type="checkbox"/> Renew License No. _____ License Type: _____		
Location DBA Name			
Location Street Address			
City	County	State	Zip
Business Phone No.		E-Mail Address	
Location Information	Check One: <input type="checkbox"/> New License <input type="checkbox"/> Renew License No. _____ License Type: _____		
Location DBA Name			
Location Street Address			
City	County	State	Zip
Business Phone No.		E-Mail Address	



DBA NAME _____

FEIN _____

SECTION 2 – LICENSE TYPE							
License Type	QTY	x	License Fee	+	Registration Fee Add Fee for each License	=	Total
<input type="checkbox"/> Class A Club (Fraternal/Veterans) (CLFE)		x	\$ 250	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Class A Club – Social (500 members or less) (CLFE)		x	\$ 500	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Class A Club – Social (Over 500 members) (CLFE)		x	\$1,000	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Class B Club Reciprocal: <input type="checkbox"/> Yes (attach ABC-810) <input type="checkbox"/> No (CLFE)		x	\$1,000	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Caterer (CLFE)		x	\$ 500	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> DE/Caterer (CLFE)		x	\$1,500	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Drinking Establishment (DE) (CLFE)		x	\$1,000	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Hotel (CLFE)		x	\$3,000	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Hotel/Caterer (CLFE)		x	\$3,500	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Retailer (CLPR)			\$ 250	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Farm Winery (CLPR)		x	\$ 250	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Farm Winery Outlet (CLPR)		x	\$ 50	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Microbrewery (CLPR)		x	\$ 250	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Microbrewery Packaging and Warehousing Facility (CLPR)		x	\$ 100	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Manufacturer – Alcohol & Spirits (CLPR)		x	\$2,500	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Manufacturer – Wine (CLPR)		x	\$ 500	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Manufacturer – Beer and CMB							
<input type="checkbox"/> First Year (CLPR)		x	\$1,000	+	<input type="checkbox"/> New \$50	=	\$
<input type="checkbox"/> 1-100 Barrels (CLPR)		x	\$ 200	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> 100-150 Barrels (CLPR)		x	\$ 400	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> 150-200 Barrels (CLPR)		x	\$ 700	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> 200-300 Barrels (CLPR)		x	\$1,000	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> 300-400 Barrels (CLPR)		x	\$1,300	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> 400-500 Barrels (CLPR)		x	\$1,400	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> 500 or more Barrels (CLPR)		x	\$1,600	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Distributor							
<input type="checkbox"/> Wine (CLPR)		x	\$1,000	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Beer (CLPR)		x	\$1,000	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Spirits (CLPR)		x	\$1,000	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Non-Beverage User (Fee Based on Usage)							
<input type="checkbox"/> Class 1 – up to 100 Gallons (CLPR)		x	\$ 10	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Class 2 – up to 1000 Gallons (CLPR)		x	\$ 50	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Class 3 – up to 5000 Gallons (CLPR)		x	\$ 100	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Class 4 – up to 10,000 Gallons (CLPR)		x	\$ 200	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Class 5 – over 10,000 Gallons (CLPR)		x	\$ 500	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
<input type="checkbox"/> Special Order Shipping License (CLPR)		x	\$ 50	+	<input type="checkbox"/> New \$50 <input type="checkbox"/> Renew \$10	=	\$
TOTAL FEES DUE							\$



FEIN _____

SECTION 3 – BUSINESS OWNERSHIP INFORMATION

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%.

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone



FEIN _____

SECTION 4 – APPOINTMENT OF PROCESS AGENT WITH POWER OF ATTORNEY - Required for LLC and Corporations

I am applying for a Special Order Shipping license and I have filed my Irrevocable Consent to Jurisdiction with the Kansas Secretary of State. (Proceed to Section 6).

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State KS	% Ownership	Position	Marital Status
Address	City	State KS	County	Zip Code	Daytime Phone

Process Agent Spousal Information

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

SECTION 5 – 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 3 and 4 been convicted of a felony in Kansas, in any other state, or under federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any person listed in Sections 3 and 4 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any person listed in Sections 3 and 4 had an alcoholic liquor or cereal malt beverage license revoked in Kansas or in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any person listed in Sections 3 and 4 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
5. Does any person listed in Sections 3 and 4 have an ownership interest in any other business licensed to sell alcoholic liquor or cereal malt beverage in Kansas or any other state? If so, please provide license number and state of issue. License Number: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does any person listed in Sections 3 and 4 not meet the Kansas residency requirement for the type of license applied for? (Class A & B Club, Drinking Establishment – 1 year; Farm Winery, Microbrewery or Retailer – 4 years; Manufacturer – 5 years).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any person listed in Sections 3 and 4 been a Kansas resident for less than 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6 – BUSINESS ENTITY INFORMATION

I am applying for a Special Order Shipping license and I have filed my Irrevocable Consent to Jurisdiction with the Kansas Secretary of State. (Proceed to business entity type).

Is your Corporation, Partnership, LLC or LLP in good standing with the Kansas Secretary of State? *If yes, attach a letter of good standing (requires fee) or print it from the Secretary of State's website (no charge) to the application. To print from the Secretary of State's website, go to: http://www.accesskansas.org/srv-corporations/compressed.do	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A
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Check one of the following business entity types:

<input type="checkbox"/> Individual Is the applicant a resident of Kansas? I live in _____ county.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Corporation – Attach a copy of the Articles of Incorporation, By-Laws and Certificate of Authority from the Kansas Secretary of State's Office or print out from their website to your application.	
<input type="checkbox"/> Partnership – Attach a copy of the Partnership Agreement to your application. Partners live in the following county(s): _____	
<input type="checkbox"/> LLC or LLP – Attach a copy of the Articles of Organization, Operating Agreement and Certificate of Authority from the Kansas Secretary of State's Office or print out from their website to your application.	
<input type="checkbox"/> Trust – Attach a copy of the Declaration Of Trust.	
<input type="checkbox"/> Government Type (check one): <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal	
<input type="checkbox"/> Other: _____	



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SECTION 11 – DESIGNATION OF AGENT WITH WHOM ABC MAY DISCUSS MY LICENSE AND/OR APPLICATION

Check one: I designate the following person. I do not wish to designate a person.

Agent Name	Daytime Phone
Address	E-Mail Address
City	State
Zip Code	

SECTION 12 – PRIMARY CONTACT PERSON FROM SECTION 3 TO WHOM ABC WILL DIRECT INQUIRIES (Complete if different from Process Agent).

Last Name	First Name	Middle Name	Position
Daytime Phone			E-Mail Address

SECTION 13 – 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 4, 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

ABC OFFICE USE ONLY:

<input type="checkbox"/> Correct license and registration fees paid.	30 Day Start Date: _____	Associate Initials: _____
Correspondence Sent Date: _____	Completed Date: _____	Associate Initials: _____
<input type="checkbox"/> QA Check	Date: _____	Associate Initials: _____