



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

REQUEST FOR APPROVAL SALE OF INVENTORY OF ALCOHOLIC LIQUOR OR CMB

This request must be submitted AND approved prior to transfer of any inventory. If inventory is being sold to more than one licensee, complete and submit the ABC-809 for each transaction.

SECTION 1 – Seller Information:	
License Number:	
Licensee Owner Name:	
Licensee DBA Name:	
Address:	
City / State / Zip:	
Phone:	Fax:
I request permission to sell all or part of my inventory of alcoholic beverages to the licensee listed below.	
_____	_____
Signature	Date

SECTION 2 – Purchaser Information:	
License Number:	
Licensee Owner Name:	
Licensee DBA Name:	
Address:	
City / State / Zip:	
Phone:	Fax:
I request permission to purchase all or part of the inventory of alcoholic beverages to the licensee listed below.	
_____	_____
Signature	Date

ABC OFFICE USE ONLY:

<input type="checkbox"/> Approved By: _____	Date: _____
<input type="checkbox"/> Denied By: _____	Date: _____
<input type="checkbox"/> Notified Date: _____	By: _____

