Alcoholic Beverage Control 109 SW 9th Street, 5th Floor PO Box 3506 Topeka KS 66601-3506



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FINANCIAL DISCLOSURE

FEIN

SECTION 1 – LICENSEE INFORMATION						
Licensee DBA Name		Owner Name				
Completed By		Date				
SECTION 2 – FINANCIAL DISCLOSURE – NEW APPLICANTS ONLY						
SOURCE OF FUNDS: The total amount you have invested or will invest to open this business including cash (currency and financial asset accounts), notes, loans and operating capital: DOLLAR AMOUNT BY SOURCE:					Amount:	
Identify the sources of all funds (including asset financial accounts and loans) you have invested or will invest in this business as listed above. List all bank account numbers and the amount derived from each source. Also identify all persons authorized to sign on, or who are part owners of said account(s). Attach copies of promissory notes or loan agreements along with amortization schedule used for this business. For cash accounts, attach a copy of the latest bank account statement.						
Sources & Account Numbers	Names of Authorized Persons on Account SSN or FEIN		Amount			
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
CASH OTHER THAN IN FINANCIAL ACCOUNTS:						
U.S. Currency you accumulated over time that you will invest in the business.						
OWNERSHIP OF FURNITURE AND EQUIPMENT:						
Do you own the furniture, fixtures and equipment at the proposed license location?						
If "No", state from whom leased. Name:				□Yes	□No	
ACCOUNTANT/BOOKKEEPER:						
List the name, address and telephone number of the accountant or bookkeeper for your business (if applicable).						
NAME						
STREET ADDRESS						
CITY / STATE / ZIP CODE						
TELEPHONE						
E-MAIL ADDRESS						