



Designation of Agent and/or Process Agent with Power of Attorney

Explanation:

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 or another person 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 that appointment.

Prerequisite:

To appoint an Agent and/or Process Agent with Power of Attorney, you must be:

- an individual who holds a liquor license; or,
- if you are part of an entity that holds a liquor license, you must have the authority to designate an agent on the entity's behalf.

The Process Agent must be a Kansas resident.

INSTRUCTIONS TO COMPLETE THE LIQUOR LICENSE DESIGNATION OF AGENT:

1. Enter your FEIN in the space provided in the upper right corner.
2. **Section 1 – Licensee Information**
 - a. Enter your license information as required.
 - b. TITLE. Check the applicable box.

Section 2 – Designation of Agent

 - a. Read the statement and check the appropriate box.
 1. If you checked “Yes”, complete the requested information.
 2. If you checked “No”, proceed to Section 3.

Section 3 – Appointment of Process Agent with Power of Attorney

 - a. Read the statement and check the appropriate box.
 1. If you checked “Yes”, complete the requested information.
 2. If you checked “No”, proceed to instruction #3.
3. Read the sworn statement, then the licensee and agent/process agent must sign and date the form.
4. Submit the executed form to the ABC at the address on the form.

If you have questions or need assistance, please contact the ABC Licensing Unit by email at KDOR_ABC.Licensing@ks.gov or by phone at 785-296-7015.

STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL
 109 SW 9th STREET
 P.O. BOX 3506
 TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE
 PHONE: 785-296-7015
 FAX: 785-296-7185
 www.ksrevenue.org/abc.html

DESIGNATION OF AGENT AND/OR PROCESS AGENT WITH POWER OF ATTORNEY

SECTION 1 – LICENSEE INFORMATION			FEIN _____		
Licensee DBA Name			License Number		
Location Street Address		City	State	County	Zip Code
Completed by Name:				Date	
Title: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Member <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____					

SECTION 2 – DESIGNATION OF AGENT					
I hereby designate the person below to serve as my/the entity's agent with whom the ABC may discuss issues concerning my license and/or application. Furthermore, I/we hereby specifically authorize such agent to answer questions, provide information and submit documentation for or to the ABC on my and/or the entity's behalf. <i>*If yes, complete the information below.</i>					<input type="checkbox"/> Yes* <input type="checkbox"/> No
Last Name		First Name		Middle Name	
Address		City	State	County	Zip Code
Daytime Phone			Email Address		

SECTION 3 – APPOINTMENT OF PROCESS AGENT WITH POWER OF ATTORNEY (Must be a Kansas resident)					
I hereby designate the person below as Process Agent with Power of Attorney. This will apply to all licenses under the entity. <i>*If yes, complete the information below.</i>					<input type="checkbox"/> Yes* <input type="checkbox"/> No
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security Number	Driver's License Number	State	% Ownership	Position	Marital Status
Address	City	State	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 Number	Driver's License Number	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Background Qualifications	
If the answer to any question is yes, provide explanation on separate page and attach to the form.	
1. Has any person listed in Section 3 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 Section 3 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 Section 3 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 Section 3 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 Section 3 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 2 and 3 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 Microdistillery – must be Kansas resident; Retailer – 4 years; Manufacturer – 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is any person listed in Sections 2 and 3 not a US Citizen? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, I declare the information contained in this document a true, accurate and complete disclosure of information and I authorize KDOR to send communications to the email address provided on this form.