



ALCOHOLIC BEVERAGE CONTROL  
109 SW 9<sup>th</sup> 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

## 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-812 for each transaction.

| <b>SECTION 1 – Seller Information:</b>  |                 |
|---|-----------------|
| License Number:   |                 |
| Licensee Owner Name:  |                 |
| Licensee DBA Name:  |                 |
| Address:  |                 |
| City / State / Zip Code:  |                 |
| Phone Number:   | E-mail Address: |
| I request permission to sell all or part of my inventory of alcoholic beverages to the licensee listed below. |                 |
| _____<br>Signature  | _____<br>Date   |

| <b>SECTION 2 – Purchaser Information:</b>   |                 |
|---|-----------------|
| License Number:   |                 |
| Licensee Owner Name:  |                 |
| Licensee DBA Name:  |                 |
| Address:  |                 |
| City / State / Zip Code:  |                 |
| Phone Number:   | E-mail Address: |
| I request permission to purchase all or part of my inventory of alcoholic beverages to the licensee listed above. |                 |
| _____<br>Signature  | _____<br>Date   |

**ABC OFFICE USE ONLY:**

|   |   |      |
|---|---|------|
| Tax Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No         | Associate:                              | Date |
| Fine Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No        | Associate:                              | Date |
| Request for Sale: <input type="checkbox"/> Yes <input type="checkbox"/> No      | Signature of ABC Director               | Date |
| Licensee Notification: <input type="checkbox"/> Yes <input type="checkbox"/> No | Signature of ABC Licensing Customer Rep | Date |



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|                                  |
|----------------------------------|
| <b>Seller License Number:</b>    |
| <b>Purchaser License Number:</b> |

| <b>SECTION 3 – Inventory of Alcoholic Liquor Or CMB:</b>   |             |                   |                  |
|--|-------------|-------------------|------------------|
| For each product you are selling, enter the information below. Attach additional pages as necessary. |             |                   |                  |
| BRAND NAME   | BOTTLE SIZE | NUMBER OF BOTTLES | TOTAL SALE PRICE |
|  |             |                   | \$               |
|  |             |                   | \$               |
|  |             |                   | \$               |
|  |             |                   | \$               |
|  |             |                   | \$               |
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|  |             |                   | \$               |
|  |             |                   | \$               |
|  |             |                   | \$               |
| <b>TOTAL SALE AMOUNT</b>   |             |                   | \$               |