

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

KANSAS LIQUOR LICENSE OWNERSHIP INSTRUCTIONS

GENERAL INSTRUCTIONS

Please complete all information. All questions must be answered fully and truthfully. Additional information may be found on our website at <http://www.ksrevenue.org/abc.html>

Do not submit your renewal application to the ABC more than 60 days in advance of the license expiration date.

INSTRUCTIONS TO COMPLETE THE KANSAS LIQUOR LICENSE OWNERSHIP FORM (ABC-890):

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.**

NOTE – This form can be saved. We recommend that you save the form prior to entering information and continue to save information on a regular basis as you enter complete the form.

Section 1 – Entity Corporate Structure:

1. Enter your entity name and your FEIN.
2. Answer the questions regarding the legal entity.
3. OWNERSHIP INFORMATION. Complete all required information for each owner or officer and their spouse. Make sure that you check the box to indicate if the person is or is not the primary contact.

Section 2 – Appointment of Process Agent With Power of Attorney:

1. Complete the required information for the process agent and their spouse.

Section 3 – Background Qualifications:

1. Questions apply to all applicants listed in Sections 1 and 2.

Submitting Your Form:

Once you have completed the form, you may digitally sign the form; or, print the form, sign, date the form and save it to your computer. Upload your completed form to your online application.

If you need assistance, please contact ABC licensing via email to kdor_abc.licensing@ks.gov or by phone at 785-296-7015.

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ENTITY NAME: _____

FEIN _____

SECTION 1 – ENTITY CORPORATE STRUCTURE

Is the applicant a municipal corporation? Yes¹ (proceed to Section 2) ¹Requires Management Services Agreement (ABC-807)
 No (proceed to next question)

Is this a publically traded company? Yes (complete for corporate officers and spouses; and, anyone with 5% or more ownership)
 No (complete ownership information below for all owners)

***Social Security Number.** Under the Federal Privacy Act, disclosure of a social security number in this application is voluntary. If no social security number is disclosed for each person listed in this application, a state issued driver's license number or government issued identification card number must be provided. Any social security number provided may be forwarded to the Department of Social and Rehabilitative Services in compliance with K.S.A. 39-758.

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%. Class A Clubs: officers enter a zero (0) in the % Ownership. Includes parent company.

President or Equivalent

Primary Contact: Yes
 No

Last Name	First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License No.	DL State	% Ownership	
Address	City	State	County	Zip Code
Daytime Phone	Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			
Email Address				

Officer Spousal Information

Last Name	First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License No.	DL State	% Ownership	
Address	City	State	County	Zip Code
Daytime Phone				

Vice President or Equivalent

Primary Contact: Yes
 No

Last Name	First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License No.	DL State	% Ownership	
Address	City	State	County	Zip Code
Daytime Phone	Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			
Email Address				

Officer Spousal Information

Last Name	First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License No.	DL State	% Ownership	
Address	City	State	County	Zip Code
Daytime Phone				

Secretary or Equivalent

Primary Contact: Yes
 No

Last Name	First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License No.	DL State	% Ownership	
Address	City	State	County	Zip Code
Daytime Phone	Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			
Email Address				

Officer Spousal Information

Last Name	First Name	Middle Name	Gender	Date of Birth
Social Security Number*	Driver's License No.	DL State	% Ownership	
Address	City	State	County	Zip Code
Daytime Phone				

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ENTITY NAME: _____

FEIN _____

Treasurer or Equivalent					Primary Contact:	
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			Email Address			
Officer Spousal Information						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone

Other					Primary Contact:	
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			Email Address			
Other Spousal Information						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone

Other					Primary Contact:	
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			Email Address			
Other Spousal Information						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone

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ENTITY NAME: _____

FEIN _____

Other					Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			Email Address			
Other Spousal Information						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone

Other					Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			Email Address			
Other Spousal Information						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State	County	Zip Code	Daytime Phone

SECTION 2 – APPOINTMENT OF PROCESS AGENT WITH POWER OF ATTORNEY (Required for Corporations, LLCs and Municipal Corporations)						
<input type="checkbox"/> I am an out-of-state Special Order Shipping license applicant. (Proceed to Section 3).						
<i>NOTE: The Process Agent must be a Kansas resident and a United States citizen.</i>						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State KS	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single			Email Address			
Process Agent Signature			Date Signed	Printed Name		
Process Agent Spousal Information						
Last Name		First Name		Middle Name	Gender	Date of Birth
Social Security Number*		Driver's License No.		DL State		% Ownership
Address		City	State KS	County	Zip Code	Daytime Phone

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ENTITY NAME: _____

FEIN _____

SECTION 3 – 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 1 and 2 been convicted of a felony in Kansas, in any other state, or under federal law? If yes, provide the following: State of conviction: _____ Case #: _____ Name of charge: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any person listed in Sections 1 and 2 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? If yes, provide the following: State of conviction: _____ Case #: _____ Name of charge: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any person listed in Sections 1 and 2 had an alcoholic liquor or cereal malt beverage license revoked in Kansas or in any state? If yes, provide the following: State: _____ DBA Name: _____ Date of revocation: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any person listed in Sections 1 and 2 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
5a. Does any person listed in Sections 1 and 2 have an ownership interest in any other business licensed to sell alcoholic liquor in Kansas? If yes, provide the following (you may attach a list as required): DBA Name(s): _____ License Number(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b. Does any person listed in Sections 1 and 2 have an ownership interest in any other business licensed to sell cereal malt beverage in Kansas? If yes, provide the following: License #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does any person listed in Sections 1 and 2 not meet the Kansas residency requirement for the type of license applied for? (Class A & B Club, Caterer or Drinking Establishment – 1 year; Retailer – 4 years; Manufacturer – 5 years; Farm Winery, Microbrewery or Microdistillery – must be Kansas resident).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is any person listed in Sections 1 and 2 not a US Citizen? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Authorized Signature Date

 Printed Name Title