

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



Phone: 785-296-7015
 Fax: 785-296-7185
 kdor_abc.licensing@ks.gov
www.ksrevenue.gov/abc.html

NOTICE OF INTENT TO SELL

Name of Corporation, Individual, Partnership, LLC		
DBA Name	Kansas Liquor License Number	
Location Address		
City	State	Zip Code
Phone Number	E-mail Address	
Transaction Type: (check one) <input type="checkbox"/> Selling Business <input type="checkbox"/> Change Entity		

I/We, _____
 (MANAGING OFFICER OF CORPORATION OR LLC, OR ALL MEMBERS OF PARTNERSHIP, OR SOLE OWNER)

intend to sell the above listed business on or about _____
 (PROPOSED DATE OF SALE OR CHANGE)

to _____
 (BUYER)

- I authorize ABC to inactivate my license. I understand that I must complete the back of the license, sign (owner or officer signature) and return my license to the ABC. (Does not apply if the business is sold 100% intact.)
- I understand that all taxes must be paid, including any penalty and interest owed. If liquor taxes are not paid, they will be deducted from my bond.
- I understand that all liquor fines must be paid. If liquor fines are not paid, they will be deducted from my bond.
- I understand my bond will be released upon completion of the above. If I have a cash bond, I must provide the original receipt.

I/We hereby affirm that I/we will remain in active ownership and management control of the above named business and will remain responsible for the licensed premise until a license is issued to the buyer or buyers of the business by the Alcoholic Beverage Control.

I declare under penalties of perjury that to the best of my knowledge and belief this is a true, correct and complete statement.

SIGNATURE _____ (MANAGING OFFICER, OWNER, PARTNER, SOLE OWNER)	*TITLE _____	DATE _____
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SIGNATURE _____ (MANAGING OFFICER, OWNER, PARTNER, SOLE OWNER)	*TITLE _____	DATE _____

*Title – state whether individual owner, member of firm, or title if officer or corporation.