



Kansas Department of Revenue  
Alcoholic Beverage Control Division  
915 S.W. Harrison Street, Room 214  
Topeka, KS 66625-3512  
Phone: 785-296-7015 Fax: 785-296-7185

### **Instructions to Complete the Irrevocable Consent to Jurisdiction:**

Pursuant to K.S.A. 41-313(b), non-resident applicants applying for a license or permit are required to file with the Secretary of State of Kansas its irrevocable written consent that any action or garnishment proceeding may be commenced against the applicant in the courts of this state by service of process on the resident agent. This is a one-time requirement for the life of your license or permit.

***All information must be completed and the required fee submitted or this document will not be accepted by the Secretary of State's Office for filing. There is a \$25.00 service fee for all checks returned by your financial institution.***

#### **Section 1 – All Applicants:**

1. Applicant Name: Enter the name of your company. *If your company is a corporation, you are also required to complete Section 2.*
2. Mailing Address: Enter your mailing address, city, state and zip code.
3. Phone: Enter your phone number.
4. Entity Type: Check the appropriate box for your entity type.
5. Signature and date: After reading the form, sign and enter the date you signed the form.

#### **Section 2 – Corporation Applicants Only:**

Complete this section in addition to the "All Applicants" section.

1. Certification: After reading the statement, the Secretary must print their name, sign and enter date the date they signed form. Attach a copy of the resolution to your Irrevocable Consent to Jurisdiction.
2. Resolution: After reading the resolution, the President and Secretary must print their names, sign and enter the date they signed the form.

#### **Filing the Irrevocable Consent to Jurisdiction:**

1. I have enclosed the \$35.00 filing fee checkbox: Check the box and attach your \$35.00 filing fee to the form. Make your check payable to the Kansas Secretary of State.
2. I understand I must provide a photocopy of this form to the ABC that has been filed by the Secretary of State checkbox: Check the box.
3. Mail your completed form with the \$35.00 filing fee to:

**Secretary of State**  
Memorial Hall, 1<sup>st</sup> Floor  
120 SW 10<sup>th</sup> Ave  
Topeka, KS 66612-1594  
785-296-4564  
www.kssos.org

#### **Completing Your Liquor License or Permit Application:**

Upon receipt of your Irrevocable Consent to Jurisdiction from the Secretary of State, please mail or fax a copy with this letter and a copy of the file stamped Irrevocable Consent to Jurisdiction to:

**Kansas Department of Revenue**  
Alcoholic Beverage Control Division  
915 SW Harrison, Room 214  
Topeka KS 66625-3512  
785-296-7015  
Fax: 785-296-7185  
Email: ABC.Marketing.Unit@kdor.ks.gov

#### **Contact Information:**

If you need assistance completing this form, contact the Secretary of State's office at their number listed above. If you need assistance completing your liquor license or permit application, contact the Alcoholic Beverage Control at their number listed above.

# Irrevocable Consent to Jurisdiction

SECTION 1 – APPLICANT INFORMATION		
Applicant Name		
Mailing Address		
City <span style="float: right;">State <span style="float: right;">Zip Code</span></span>		
Phone		
Entity Type: <input type="checkbox"/> Corporation (Complete Sections 1 & 2) <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Individual <input type="checkbox"/> Other:		

Do not write in this space.

1. By making application for a liquor license or permit from the state of Kansas pursuant to K.S.A. 41-313(b), applicant irrevocably consents, as a condition precedent to obtaining a liquor license or permit, that any action or garnishment proceeding may be commenced against applicant in the courts of this state by service of process on the resident agent specified in K.S.A. 41-313(a) of this section; and applicant stipulates and agrees that such service shall be taken and held in all courts to be as valid and bring as if due service had been made upon the applicant.
2. Applicant stipulates, agrees and consents that the courts of this state have jurisdiction over applicant and are the proper and convenient forum for any action commenced against applicant.
3. Applicant waives the right to request a change of jurisdiction or venue to a court outside this state and stipulates, agrees and consents that all actions arising under the Kansas Liquor Control Act (K.S.A. 41-101 et seq.) and commenced by the applicant shall be brought in this state as the proper and convenient forum.

\_\_\_\_\_  
 Applicant Name (print) Signature Date

## SECTION 2 – CORPORATIONS ONLY

### Certification

I certify that this resolution is a true and correct copy of the resolution adopted by the Board of Directors:

\_\_\_\_\_  
 Secretary name (print) Signature Date

### Resolution

RESOLVED, that the President and Secretary of this corporation are hereby authorized and directed to sign the Kansas Irrevocable Consent to Jurisdiction on behalf of the corporation and to file the same with the office of the Secretary of State of Kansas.

\_\_\_\_\_  
 President name (print) Signature Date

\_\_\_\_\_  
 Secretary name (print) Signature Date

- I have enclosed the \$35.00 Filing Fee.** Make checks payable to the **Kansas Secretary of State.**  
**Mail the completed form and payment to:** Kansas Secretary of State, Memorial Hall, 1<sup>st</sup> Floor, 120 SW 10<sup>th</sup> Avenue, Topeka, KS 66612-1594
- I understand I must provide a photo copy of this form to the ABC that has been filed by the Secretary of State.** I may email the filed form to [abc.marketing.unit@kdor.ks.gov](mailto:abc.marketing.unit@kdor.ks.gov) or fax to 785-296-7185.