



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

## EMPLOYEE/VOLUNTEER REGISTRATION INSTRUCTIONS

### WHO IS REQUIRED TO COMPLETE THIS FORM?

Pursuant to K.S.A. 41-308a(g)(4), K.S.A. 41-308b(g)(4), K.S.A. 41-713 and K.S.A. 41-2610, Kansas Farm Wineries, Microbreweries, Retailers, Drinking Establishments, Hotels, Class A Clubs, Class B Clubs and Caterers must register their employees/volunteers.

### WHAT EMPLOYEES/VOLUNTEERS DO I NEED TO REGISTER?

#### **Off-Premise Licensees.**

Kansas Retailers, Farm Wineries and Microbreweries must register **all new employees/volunteers who sell or serve alcoholic liquor, managers, supervisors and owners.** All employees must be 21 years of age, not have been convicted of a felony and cannot be employed by a licensed distributor or be the spouse of an employee of a licensed distributor.

K.A.R. 14-13-5, K.S.A. 41-308a(g)(4) and K.S.A. 41-308b(g)(4).

#### **On-Premise Licensees.**

Drinking Establishments, Hotels, Class A Clubs, Class B Clubs and Caterers must register **all new employees who are involved in the mixing, selling, serving or dispensing of alcoholic liquor, managers and/or supervisors who are in charge of the daily operations or supervise employees who serve, mix or dispense alcoholic liquor. Employees who are required to be registered cannot have been convicted of a felony, any crime involving a morals charge, convicted within the previous two years of a violation of any intoxicating liquor law of Kansas, or who is an employee of a manufacturer, distributor, retailer or officer, agent or employee of the same.**

K.A.R. 14-11-4, K.A.R. 14-21-9, K.A.R. 14-20-26, K.A.R. 14-22-9 and K.A.R. 14-19-24, K.A.R. 14-21-1, K.A.R. 14-21-9.

**DO NOT REGISTER:** Cooks, Greeters, Janitors, Security, Door Persons or Bus Persons **unless** they are involved in the mixing, selling, serving or dispensing of alcoholic liquor.

### WHEN SHOULD I COMPLETE AND SUBMIT THIS FORM?

1. When you apply for a new liquor license or renew your existing license; or,
2. When you hire new employees/volunteers. All new employees/volunteers must be registered within five (5) days after the employee/volunteer begins work. **Do not** submit all employees/volunteers when you are adding a new employee/volunteer.

### INSTRUCTIONS TO COMPLETE THE NEW EMPLOYEE/VOLUNTEER REGISTRATION INFORMATION:

#### Section 1 – Licensee Information:

1. Select application type, then enter your location DBA name and license number.
2. Enter the licensee demographic information.
3. Additional Pages Attached
  - a. Check the “No” checkbox if you are submitting one page.
  - b. Check the “Yes” checkbox if you are submitting more than one page. Enter the page numbers in the space next to the “Yes” checkbox.

#### Section 2 – Employee/Volunteer Registration Information:

1. For **each** employee/volunteer, enter the following information:
  - a. **Last Name.** Enter the employee’s legal last name.
  - b. **First Name.** Enter the employee’s legal first name.
  - c. **MI.** Enter the employee’s middle initial.
  - d. **Gender.** Check the box for the correct gender of the employee.
  - e. **Date of Birth.** Enter the employee’s birth date. (MM/DD/YYYY = month/day/year)
  - f. **Government Issued ID Number\*.** Enter the employee’s government issued identification number.
  - g. **Government Issued ID Type.** Enter the type of identification. i.e. driver’s license, social security number, etc.
  - h. **Issuing Government Agency.** Enter the name of the agency issuing the ID number.
  - i. **Date of Hire.** Enter the employee’s date of hire. (MM/DD/YYYY = month/day/year)
3. Sign and date the completed employee registration form then print your name and enter your title in the space provided. The owner or manager must sign the form.
4. Submit the completed form to the ABC. You may submit your form by fax or mail to the address on the form or by email to ABC.Licensing@kdor.ks.gov

If you have questions or need assistance completing this form, contact us at the number on the form. Email is preferred to ABC.Licensing@kdor.ks.gov

#### **\*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.



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<b>SECTION 1 – LICENSEE INFORMATION</b> <input type="checkbox"/> New Application <input type="checkbox"/> Renew Existing License <input type="checkbox"/> New Employee/Volunteer			
Location DBA Name		License No.	
Location Street Address			
City		State	Zip
Business Phone No.	E-Mail Address	Contact Person	
<b>Additional pages attached.</b> (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Page</b> ____ <b>of</b> ____ (If you have multiple locations, complete a page for each location).			

<b>SECTION 2 – EMPLOYEE/VOLUNTEER REGISTRATION</b>				
Last Name	First Name	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
Government Issued ID No.*	Government Issued ID Type	Issuing Government Agency		Date of Hire (MM/DD/YYYY)

Last Name	First Name	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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