



Kansas Department of Revenue
Alcoholic Beverage Control Records
Request for Copies or Access (Please print or type)

I. Taxpayer/Licensee Information:

Name of Business: _____

Name of Owner: _____ License #: _____

Business Location: _____

City, State, Zip: _____ Contact Phone #: _____

II. Mailing Information: (Complete if different from address given above.)

Name

Address

City, State and Zip Code

III. Record(s) being requested: (There is a fee for each return requested, if fee is not listed see page 2 of this form.)

	(PERIOD)	(PERIOD)	(PERIOD)	(PERIOD)	(FEE / RETURN)
1. <input type="checkbox"/> Liquor Enforcement Tax Return	_____	_____	_____	_____	\$5.00
2. <input type="checkbox"/> Liquor Drink Tax Return	_____	_____	_____	_____	\$5.00
3. <input type="checkbox"/> Cigarette Tax Report	_____	_____	_____	_____	\$5.00
4. <input type="checkbox"/> Tobacco Tax Report	_____	_____	_____	_____	\$5.00
	(YEAR)	(YEAR)	(YEAR)		
5. <input type="checkbox"/> Liquor License	_____	_____	_____		
6. <input type="checkbox"/> Ownership Disclosure form	_____	_____	_____		

7. Other: _____

\$ 5.00	X	_____	=	_____
Total:				_____

IV. Signature – Before signing this document, read this section carefully.

I request the Director of Alcoholic Beverage Control and/or the Director of Taxation furnish me with a copy of items checked above. Under the penalties of perjury, I declare that the information I have furnished above, to the best of my knowledge, is true, correct and complete. I further declare that I am the taxpayer/licensee, or the officer for the taxpayer/licensee and have authorization to receive this information.

 Printed Name and Title

 Name of Your Business

 Signature

 Date

Instructions:

1. Complete this form, including signature and date. Provide a completed form for each request. (You may make copies of this form.)
2. The department will provide records upon a direct match. If you have not provided enough information to establish a direct match, the department will contact you requesting additional information.
3. Mail the request form to: Kansas Department of Revenue
Record Requests
915 SW Harrison Street
Topeka, KS 66625-3570
4. If the fee is not listed, the department will notify you of the fee(s) due. However, a typical request, consisting of a copy of a license and owner information, results in a fee of \$5.25. All fees should be paid by check or money order. Make the check or money order payable to the "Kansas Department of Revenue". Payment is required prior to the release of the requested records. No refunds will be issued for requests made in error, or requests for records not on file.

Fees:

The Kansas Department of Revenue has several fees that are fixed by the Secretary of Revenue, pursuant to K.S.A. 74-2022. Some of the fixed record fees include but are not limited to: Drivers License or Vehicle Title and Registration records, copies of tax returns, records maintained within the Kansas computer assisted mass appraisal system (KS CAMA), and Automobile Dealer Licensing records. The appropriate request forms, for the above mentioned record types, are available at www.ksrevenue.org.

The following fee structure applies only to those records that do not have fixed fees (see above):

Copies (per page)	\$0.25
Mail charge (first 5 pages)	\$0.40
(additional 5-page increments)	\$0.25
Faxed copy	\$0.65
Search charge (staff time per hour)	\$25.00
Computer time (staff time per hour)	\$60.00

Copy & Search Charge Fees: The 25-cent copy charge is a per page charge which is principally assessed to reimburse the agency for routine costs of retrieving records which are requested with specificity and are held within the agency's current file system. It does not include the cost of more than one-tenth of an hour of research or access time required to determine the location of records not readily accessible, to determine what specific records meet request criteria, to segregate public from non-public information, to access records from archives and other similar necessary services. For such services in providing access or copies, the \$25 per hour search charge may be assessed, to be billed by the tenth of an hour.

Mail Charge Fee: The mail charge may be assessed in addition to the copy charge when mail service is requested. For up to and including the first five pages, 40 cents may be charged, plus an additional 25 cents for up to and including each additional five pages. If air express delivery is requested, you must provide a prepaid envelope or an account number for such delivery.

Fax Fee: The Fax charge of 65 cents per page includes those services required in copying a record, in addition to domestic fax transmission costs. No additional copy charge is assessed.

Computer Time Fee: The computer time charge of \$60 per hour, also billed in tenths, is for staff time, including associated computer connect and processing time, for providing copies of records in available electronic format or for production of special computer-generated reports. The Official Custodian will be the sole judge of the ability of the agency to comply with any request for records in specific electronic format or the ability to produce any special computer-generated reports.

The agency will provide an estimate of fees to be charged prior to providing records, and where such estimate is provided, fees actually charged shall not exceed such estimate. The agency reserves the right to require any estimated charge for access to or copies of records be received before work is performed to produce the records in order to insure payment.