



Kansas Department of Revenue
 Alcoholic Beverage Control Division
 915 S.W. Harrison Street, Room 214
 Topeka, KS 66625-3512
 Phone: 785-296-7015 Fax: 866-855-5025

ABC LIQUOR LICENSE/PERMIT BUSINESS NAME AND/OR ADDRESS CHANGE FORM

| | |
|---|----------------|
| Business Name | License Number |
| <input type="checkbox"/> I am changing my Business Name to: | |
| <input type="checkbox"/> I am changing my DBA Name to: | |

I am changing my: Business Mailing Address Business Location Address

NEW BUSINESS MAILING ADDRESS

| | | | | |
|--------------|--------|------|---------------|-----|
| Street | County | City | State | Zip |
| Phone Number | | | Email Address | |

BUSINESS LOCATION ADDRESS

ABC-806 Premise Approval attached Lease/Deed attached

| | | | | | |
|--------------------------|--------|--------|---|-------|-----|
| Current Location Address | Street | County | City | State | Zip |
| New Location Address | Street | County | City | State | Zip |
| Phone Number | | | Email Address | | |
| Effective Date | | | <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits | | |

This change will affect the following license/permit type(s):

| | | |
|---|---|--|
| <input type="checkbox"/> Retailer <input type="checkbox"/> Class A Club <input type="checkbox"/> Class B Club <input type="checkbox"/> Drinking Establishment <input type="checkbox"/> Hotel / Drinking Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Drinking Establishment / Caterer <input type="checkbox"/> Hotel / Caterer <input type="checkbox"/> Public Venue | <input type="checkbox"/> Beer Distributor <input type="checkbox"/> Spirits Distributor <input type="checkbox"/> Wine Distributor <input type="checkbox"/> Supplier Permit <input type="checkbox"/> Microbrewery <input type="checkbox"/> Microbrewery Packaging and Warehousing Facility <input type="checkbox"/> Non-Beverage User <input type="checkbox"/> Microdistillery | <input type="checkbox"/> Warehouse <input type="checkbox"/> Beer Manufacturer <input type="checkbox"/> Spirits Manufacturer <input type="checkbox"/> Wine Manufacturer <input type="checkbox"/> Farm Winery <input type="checkbox"/> Farm Winery Outlet <input type="checkbox"/> Farm Winery / Caterer <input type="checkbox"/> Special Order Shipping <input type="checkbox"/> Microdistillery Packaging and Warehousing Facility |
|---|---|--|

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Return your completed form to the above address.

| | | |
|---|---|------|
| <small>Office Use Only</small> BUSINESS NAME CHANGE: <input type="checkbox"/> Checked DBAs <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason Denied: | Signature of ABC Licensing Customer Rep | Date |
| MAILING ADDRESS: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason Denied: | Signature of ABC Licensing Customer Rep | Date |
| LOCATION CHANGE: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason Denied: | Signature of ABC Director | Date |