

STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL  
 109 SW 9<sup>th</sup> STREET  
 P.O. BOX 3506  
 TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE  
 PHONE: 785-296-7015  
 FAX: 785-296-7185  
 www.ksrevenue.org/abc.html

**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					
<input type="checkbox"/> ABC-806 Premise Approval attached		<input type="checkbox"/> 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"/> Beer Distributor	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Class A Club	<input type="checkbox"/> Spirits Distributor	<input type="checkbox"/> Beer Manufacturer
<input type="checkbox"/> Class B Club	<input type="checkbox"/> Wine Distributor	<input type="checkbox"/> Spirits Manufacturer
<input type="checkbox"/> Drinking Establishment	<input type="checkbox"/> Supplier Permit	<input type="checkbox"/> Wine Manufacturer
<input type="checkbox"/> Hotel / Drinking Establishment	<input type="checkbox"/> Microbrewery	<input type="checkbox"/> Farm Winery
<input type="checkbox"/> Caterer	<input type="checkbox"/> Microbrewery Packaging and Warehousing Facility	<input type="checkbox"/> Farm Winery Outlet
<input type="checkbox"/> Drinking Establishment / Caterer	<input type="checkbox"/> Non-Beverage User	<input type="checkbox"/> Farm Winery / Caterer
<input type="checkbox"/> Hotel / Caterer	<input type="checkbox"/> Microdistillery	<input type="checkbox"/> Special Order Shipping
<input type="checkbox"/> Public Venue	<input type="checkbox"/> Common Consumption Area	<input type="checkbox"/> Microdistillery Packaging and Warehousing Facility
<input type="checkbox"/> Vineyard		
<input type="checkbox"/> Other: _____		

Signature	Date
-----------	------

**Return your completed form to the above address.**

Office Use Only

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