



**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**

## NOTICE OF OWNERSHIP CHANGE

All entity types, except Class A Clubs and Individuals, must complete and submit this form when there are any changes in the ownership and your FEIN remains the same. If your FEIN will change, you must complete and submit the ABC-800 Application for Liquor License.

SECTION 1 – LICENSEE INFORMATION			FEIN _____	
Licensee DBA Name			License Number	
Location Street Address		City	County	Zip Code

The following information must be provided on the applicant(s); partners; all officers and directors (if a corporation or LLC); and anyone with a financial interest, **AND the spouses of all submitted persons**. (Attach additional pages as necessary). The percentage(s) of ownership must total 100%.

SECTION 2 – NEW OWNERSHIP INFORMATION					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State	% Ownership	Position	Marital Status
Address	City	State	County	Zip Code	Daytime Phone

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FEIN \_\_\_\_\_

<b>SECTION 3 – BACKGROUND QUALIFICATIONS</b>	
<b>If the answer to any question is yes, provide explanation on separate page and attach to the form.</b>	
1. Has any person listed in Section 2 been convicted of a felony in Kansas, in any other state, or under federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any person listed in Section 2 been convicted of a morals charge (prostitution; procuring any person; solicitation of a child under 18 for immoral act involving sex; possession or sale of narcotics, marijuana, amphetamines or barbiturates; rape; incest; gambling; adultery; or bigamy) in Kansas or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any person listed in Section 2 had an alcoholic liquor or cereal malt beverage license revoked in Kansas or in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any person listed in Section 2 currently a law enforcement officer or non-elected official who supervises or appoints any law enforcement officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does any person listed in Section 2 have an ownership interest in any other business licensed to sell alcoholic liquor or cereal malt beverage in Kansas or any other state? If so, please provide license number and state of issue. License Number: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does any person listed in Section 2 not meet the Kansas residency requirement for the type of license applied for? (Class B Club or Drinking Establishment – 1 year; Farm Winery, Microbrewery or Microdistillery – 1 year; Retailer – 4 years; Manufacturer – 5 years).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is any person listed in Section 2 not a US Citizen? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SECTION 4 – REQUIRED DOCUMENTATION</b>	
I have attached a copy of the meeting minutes reflecting changes in officers and ownership.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have attached a copy of the purchase agreement for the ownership change.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Under penalties of perjury, I declare the information contained in this document a true, accurate and complete disclosure of information.**

Licensee/Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_

ABC OFFICE USE ONLY:

<input type="checkbox"/> AS/400 updated.	Date: _____	Associate Initials: _____
<input type="checkbox"/> QA Check	Date: _____	Associate Initials: _____