

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

## NOTICE OF OFFICER CHANGE

All Class A Clubs must complete and submit this form when there are officer changes and no change to the license.

SECTION 1 – LICENSEE INFORMATION:			FEIN _____		
Club Name			License Number		
Location Street Address		City	State	County	Zip Code
Post or Organization Number		E-mail Address			
Mailing Address (if different from above)		City	State	County	Zip Code

The following information must be provided for all officers **AND the spouses of all submitted persons** (attach additional pages as necessary).

SECTION 2 – NEW OFFICER INFORMATION:					
<b>President or Equivalent</b>					
Official Title			Replaces		
Last Name	First Name	Middle Name	Gender		
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
<b>Officer Spousal Information</b>					
Last Name	First Name	Middle Name	Gender		
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone

<b>Vice President or Equivalent</b>					
Official Title			Replaces		
Last Name	First Name	Middle Name	Gender		
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
<b>Officer Spousal Information</b>					
Last Name	First Name	Middle Name	Gender		
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone

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FEIN \_\_\_\_\_

Secretary or Equivalent					
Official Title			Replaces		
Last Name	First Name	Middle Name		Gender	
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
Officer Spousal Information					
Last Name	First Name	Middle Name		Gender	
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone

Treasurer or Equivalent					
Official Title			Replaces		
Last Name	First Name	Middle Name		Gender	
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
Officer Spousal Information					
Last Name	First Name	Middle Name		Gender	
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone

Other Officer					
Official Title			Replaces		
Last Name	First Name	Middle Name		Gender	
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
Officer Spousal Information					
Last Name	First Name	Middle Name		Gender	
Date of Birth	Social Security Number		Driver's License Number		DL State
Current Residential Address	City	State	County	Zip Code	Daytime Phone

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FEIN \_\_\_\_\_

Other Officer					
Official Title			Replaces		
Last Name	First Name	Middle Name		Gender	
Date of Birth	Social Security Number	Driver's License Number		DL State	
Current Residential Address	City	State	County	Zip Code	Daytime Phone
Marital Status: <input type="checkbox"/> Married (complete spousal information) <input type="checkbox"/> Single		E-mail Address			
Officer Spousal Information					
Last Name	First Name	Middle Name		Gender	
Date of Birth	Social Security Number	Driver's License Number		DL State	
Current Residential Address	City	State	County	Zip Code	Daytime Phone

SECTION 3 – BACKGROUND QUALIFICATIONS:	
<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 A & B Club, 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 Sections 2 not a US Citizen? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 – REQUIRED DOCUMENTATION:	
I have attached a copy of the meeting minutes reflecting changes in officers and ownership.	<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 Signature

Date