



**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 OFFICER CHANGE

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

<b>SECTION 1 – LICENSEE INFORMATION</b>			<b>FEIN</b> _____	
Club Name			License Number	
Location Street Address		City	County	Zip Code
Post or Organization #		Email Address		
Mailing Address (if different from above)		City	Zip Code	

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

<b>SECTION 2 – NEW OFFICER INFORMATION</b>					
<b>President or Equivalent</b>					
Official Title <span style="float: right;">Replaces:</span>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.		State		Marital Status
Address	City	State	County	Zip Code	Daytime Phone
<b>Officer Spousal Information</b>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.		State		Marital Status
Address	City	State	County	Zip Code	Daytime Phone

<b>Vice President or Equivalent</b>					
Official Title <span style="float: right;">Replaces:</span>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.		State		Marital Status
Address	City	State	County	Zip Code	Daytime Phone
<b>Officer Spousal Information</b>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.		State		Marital Status
Address	City	State	County	Zip Code	Daytime Phone



**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**

FEIN \_\_\_\_\_

<b>Secretary or Equivalent</b>					
Official Title <span style="float: right;">Replaces:</span>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State		Marital Status	
Address	City	State	County	Zip Code	Daytime Phone
<b>Officer Spousal Information</b>					
Official Title <span style="float: right;">Replaces:</span>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State		Marital Status	
Address	City	State	County	Zip Code	Daytime Phone

<b>Treasurer or Equivalent</b>					
Official Title <span style="float: right;">Replaces:</span>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State		Marital Status	
Address	City	State	County	Zip Code	Daytime Phone
<b>Officer Spousal Information</b>					
Official Title <span style="float: right;">Replaces:</span>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State		Marital Status	
Address	City	State	County	Zip Code	Daytime Phone

<b>Other Officer</b>					
Official Title <span style="float: right;">Replaces:</span>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State		Marital Status	
Address	City	State	County	Zip Code	Daytime Phone
<b>Officer Spousal Information</b>					
Official Title <span style="float: right;">Replaces:</span>					
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State		Marital Status	
Address	City	State	County	Zip Code	Daytime Phone



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

FEIN \_\_\_\_\_

Other Officer					
Official Title			Replaces:		
Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used			Maiden Name		
Social Security No.	Driver's License No.	State		Marital Status	
Address	City	State	County	Zip Code	Daytime Phone
Officer Spousal 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		Marital Status	
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?	<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

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's Signature

\_\_\_\_\_  
 Date