



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 INTENT TO SELL**

Name of Corporation, Individual, Partnership, LLC		
DBA Name	Kansas Liquor License No. _____ - _____ - _____	
Location Address		
City	State	Zip Code
Telephone Number	Email Address	
Transaction Type: (check one) <input type="checkbox"/> Selling Business <input type="checkbox"/> Change Entity		

I/We, \_\_\_\_\_  
(MANAGING OFFICER OF CORPORATION OR LLC, OR ALL MEMBERS OF PARTNERSHIP, OR SOLE OWNER)

intend to sell the above listed business on or about \_\_\_\_\_  
(PROPOSED DATE OF SALE OR CHANGE)

to \_\_\_\_\_  
(BUYER)

- I understand that I must complete the back of the license, sign (owner or officer signature) and return my license to the ABC. (Does not apply if the business is sold 100% in tact).
- I understand that all taxes must be paid, including any penalty and interest owed. If liquor taxes are not paid, they will be deducted from my bond.
- I understand that all liquor fines must be paid. If liquor fines are not paid, they will be deducted from my bond.
- I understand my bond will be released upon completion of the above. If I have a cash bond, I must provide the original receipt.

I/We hereby affirm that I/we will remain in active ownership and management control of the above named business and will remain responsible for the licensed premise until a license is issued to the buyer or buyers of the business by the Alcoholic Beverage Control.

**I declare under penalties of perjury that to the best of my knowledge and belief this is a true, correct and complete statement.**

SIGNATURE \_\_\_\_\_ \*TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(MANAGING OFFICER, OWNER, PARTNER, SOLE OWNER)

SIGNATURE \_\_\_\_\_ \*TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(MANAGING OFFICER, OWNER, PARTNER)

SIGNATURE \_\_\_\_\_ \*TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(MANAGING OFFICER, OWNER, PARTNER)

SIGNATURE \_\_\_\_\_ \*TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(MANAGING OFFICER, OWNER, PARTNER)

\* TITLE – state whether individual owner, member of firm, or title if officer of corporation.