



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

REQUEST FOR APPROVAL SALE OF INVENTORY OF ALCOHOLIC LIQUOR OR CMB

This request must be submitted AND approved prior to transfer of any inventory. If inventory is being sold to more than one licensee, complete and submit the ABC-812 for each transaction.

SECTION 1 – Seller Information:	
License Number:	
Licensee Owner Name:	
Licensee DBA Name:	
Address:	
City / State / Zip:	
Phone:	Fax:
I request permission to sell all or part of my inventory of alcoholic beverages to the licensee listed below.	
_____ Signature	_____ Date

SECTION 2 – Purchaser Information:	
License Number:	
Licensee Owner Name:	
Licensee DBA Name:	
Address:	
City / State / Zip:	
Phone:	Fax:
I request permission to purchase all or part of the inventory of alcoholic beverages to the licensee listed above.	
_____ Signature	_____ Date

ABC OFFICE USE ONLY:

Tax Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Associate:	Date
Fine Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Associate:	Date
Request for Sale: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of ABC Director	Date
Licensee Notification: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Signature of ABC Licensing Customer Rep	Date

