

Alcoholic Beverage Control
109 SW 9th Street, 5th Floor
PO Box 3506
Topeka KS 66601-3506



Phone: 785-296-7015
Fax: 785-296-7185
www.ksrevenue.org/abcindex.html

ENTITY NAME: _____

FEIN: _____

DETERMINATION OF RETAILER SALES

This form applies **only** to Retailer applicants (Retail Liquor Stores).

I am **not** applying for a Retailer license. *Do not fill out this form.*

Statement of Gross Sales (select one):

I am applying for a **new** Retailer license. I understand sales of other goods and services must **not** exceed 20% of total gross sales. Sales of alcoholic liquor, cereal malt beverage, non-alcoholic malt beverage, lottery, cigarette and tobacco products are not to be included in this 20% other goods and services calculation.

I am **renewing** my Retailer's license. Enter the following information for the 12 months prior to submitting your renewal application:

_____	_____	Total Gross Sales ¹ \$:	.
Month/Year	to	Month/Year	
		Other goods and Services Sales ² : \$.
		Other goods and Services Sales is	% of my Total Gross Sales.

¹Total Gross Sales – means the gross receipts of all sales on the licensed premises

²Other Goods & Services Sales – means the gross receipts of all sales on the licensed premises, excluding sales of alcoholic liquor, cereal malt beverage, non-alcoholic malt beverage, lottery, cigarette and tobacco products.