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

Kansas
AD ASTRA PER ASPERA
Department of Revenue

Phone: 785-296-7015
Fax: 785-296-7185
kdor_abc.licensing@ks.gov
www.ksrevenue.gov/abc.html

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 this form for each transaction.

SECTION 1 – Reason for Sale (check one):

☐ **Selling business**
☐ **Buy back (see permissible circumstances in Distributor or Retailer Handbooks)**
    Reason for buy back: _____
☐ **Other:** _____

SECTION 2 – Seller Information:

License Number:

Licensee Owner Name:

License DBA Name:

Address:

City / State / Zip Code:

Phone Number: **E-mail Address:**

I request permission to sell all or part of my inventory of alcoholic beverages to the licensee listed below.

_____	_____
Signature	**Date**

SECTION 3 – Purchaser Information:

License Number:

Licensee Owner Name:

License DBA Name:

Address:

City / State / Zip Code:

Phone Number: **E-mail Address:**

I request permission to purchase all or part of my inventory of alcoholic beverages to the licensee listed above.

_____	_____
Signature	**Date**

ABC OFFICE USE ONLY:

		Date
Tax Clearance: ☐Yes ☐No	**Associate:**	
Fine Clearance: ☐Yes ☐No	**Associate:**	Date
Sale Approved: ☐Yes ☐No	Signature of ABC Official	Date
Licensee Notification: ☐Yes ☐No	Signature of ABC Licensing Customer Rep	Date

ABC-812 (Rev. 07/22)

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Seller License Number:

Purchaser License Number:

SECTION 4 – Inventory of Alcoholic Liquor Or CMB:

For each product you are selling, enter the information below. Attach additional pages as necessary.

BRAND NAME	BOTTLE SIZE	NUMBER OF BOTTLES	TOTAL SALE PRICE
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

	TOTAL SALE AMOUNT	$