STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL
109 SW 9th STREET
P.O. BOX 3506
TOPEKA KS 66601-3506

DEPARTMENT OF REVENUE
PHONE: 785-296-7015
FAX: 785-296-7185
www.ksrevenue.gov/abc.html

FINANCIAL DISCLOSURE

FEIN_____

SECTION 1 – LICENSEE INFORMATION

Licensee DBA Name	Owner Name
Completed By	Date

SECTION 2 – FINANCIAL DISCLOSURE – NEW APPLICANTS ONLY

SOURCE OF FUNDS: The total amount you have invested or will invest to open this business including cash (currency and financial asset accounts), notes, loans and operating capital:	**Amount:** **$**

DOLLAR AMOUNT BY SOURCE:
Identify the sources of all funds (including asset financial accounts and loans) you have invested or will invest in this business as listed above. List all bank account numbers and the amount derived from each source. Also identify all persons authorized to sign on, or who are part owners of said account(s). **Attach copies of promissory notes or loan agreements along with amortization schedule used for this business. For cash accounts, attach a copy of the latest bank account statement.**

Sources & Account Numbers	Names of Authorized Persons on Account	SSN or FEIN	Amount
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

CASH OTHER THAN IN FINANCIAL ACCOUNTS:	
U.S. Currency you accumulated over time that you will invest in the business.	**$**

OWNERSHIP OF FURNITURE AND EQUIPMENT:		
Do you own the furniture, fixtures and equipment at the proposed license location? If "No", state from whom leased. Name:_____	☐Yes	☐No

ACCOUNTANT/BOOKKEEPER:	
List the name, address and telephone number of the accountant or bookkeeper for your business (if applicable).	
NAME	
STREET ADDRESS	
CITY / STATE / ZIP CODE	
TELEPHONE	
E-MAIL ADDRESS	

ABC-801 (Rev. 02/18)