



ALCOHOLIC BEVERAGE CONTROL  
109 SW 9<sup>th</sup> 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

## 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.

<b>SECTION 1 – Seller Information:</b>	
License Number:	
Licensee Owner Name:	
Licensee 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

<b>SECTION 2 – Purchaser Information:</b>	
License Number:	
Licensee Owner Name:	
Licensee 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:**

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"/> Yes <input type="checkbox"/> No	Signature of ABC Director	Date
Licensee Notification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of ABC Licensing Customer Rep	Date

