



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

Salesperson Permit Application and Agreement Instructions

Who must apply for a Salesperson's Permit?

- Any employee or agent of a supplier or manufacturer who is located and working in Kansas and solicits sales or takes orders for sales of alcoholic liquor or cereal malt beverage from Kansas distributors or other licensees.
Any employee or agent of a Kansas distributor working off the distributor's licensed premises who solicits sales or takes orders for sales of alcoholic liquor or cereal malt beverage from Kansas licensees.
Any employee or agent of a Kansas retailer holding a federal wholesale permit who solicits or takes orders for sales of alcoholic liquor off the retailer's licensed premises.
Any employee or agent of a farm winery or microbrewery who sells, solicits sales, or takes orders for the sale of domestic wine or domestic beer while off the licensed premises of the farm winery, farm winery outlet, or microbrewery.

No person shall act as salesperson for more than one person, firm or corporation under one permit. Additional permits may be granted the same applicant for additional principals.

- Check application type.
a. New Permit. Check the "New Permit" box if you do not have a Kansas Salesperson's Permit or if your Kansas Salesperson's Permit has been expired for more than 30 days, or if you are applying for an additional permit for an additional supplier or licensee.
b. Change of Address. Check the "Change of Address" box and enter your permit number if you currently possess a Salesperson's Permit and have a new address. Complete the Employer and Salesperson information and return to the ABC. You must notify the ABC within 5 days of your address change.
c. Renew Permit #. Check the "Renew Permit #" box to renew your current Kansas Salesperson's Permit and enter your permit number.
d. Termination. Check the "Termination" box if you are terminating your Salesperson's Permit and enter the termination date, permit number and check the "Permit Attached" box if you have attached the permit to the application. Complete the Employer and Salesperson information, attach your Kansas Salesperson's Permit to the form and return to the ABC. You must notify the ABC and surrender your permit within 5 days of termination.
2. Complete, sign and date the Salesperson's Permit Application and Agreement form.
3. Make a copy of the completed Salesperson Permit Application and Agreement. Retain the copy for your records.
4. Complete the attached Salesperson Permit Voucher (for new permits and renewed permits only).
a. New Permit. Check the "New Permit" box; enter the employer as it appears on the Salesperson Permit Application and Agreement.
b. Renew Permit #. Check the "Renew Permit #" box and Salesperson's Permit number; enter the employer name as it appears on the Salesperson Permit Application and Agreement.
5. Make your check payable to the "Kansas Department of Revenue" and attach it to the Salesperson Permit Voucher below.
6. Return the original completed Salesperson Permit Agreement with the \$10.00 Salesperson Permit fee attached to the completed voucher to the ABC Marketing Unit at the address on the application.

All approved Salesperson Permits are mailed to the employer's address.

Additional information may be found in ABC Policy Memo 2003-1 at: http://www.ksrevenue.org/pdf/abc142.pdf

Direct your questions to the Marketing Unit at 785-296-7015 or e-mail to ABC.Marketing.Unit@kdor.ks.gov

✂ Detach and Return with Payment

KANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

Salesperson Permit Fee Voucher

Form with checkboxes for New Permit, Renew Permit #08 - 999, and \$10.00 Permit Fee Enclosed (CLPR), along with an Employer Name field.



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### SALESPERSON PERMIT APPLICATION AND AGREEMENT

Application Type:  New Permit  Change of Address # 08-999-\_\_\_\_-\_\_\_\_-\_\_\_\_  
 Renew Permit # 08-999-\_\_\_\_-\_\_\_\_-\_\_\_\_  
 Termination Date \_\_\_\_\_ Permit # 08-999-\_\_\_\_-\_\_\_\_-\_\_\_\_  Permit Attached

Employer Information			
Liquor License or Supplier Permit Number:			
Business Name:			
Mailing Address :			
City:	State:	Zip:	
Phone Number:	Fax Number:		
E-mail Address:	Contact Name:		
Salesperson Information			
Applicant Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:		Social Security No:	
Address:			
City:	State:	Zip:	
Phone Number:	E-mail Address:		
Height:	Weight:	Hair Color:	Eye Color:

**Please answer the following questions.**

	Yes	No
1. Have you been convicted of or pled guilty to a felony?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of or pled guilty to a morals charge? <small>(Morals charge includes: prostitution; procuring any person; solicitation of a child under 18 for immoral act involving sex; possession or sales of narcotics; marijuana; amphetamines or barbiturates, rape, incest; gambling; adultery; bigamy).</small>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had any alcoholic liquor or cereal malt beverage license or permit revoked or denied under the laws of Kansas, any other State or the United States?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a beneficial interest in a retailer of alcoholic liquor or cereal malt beverage; or, any club, drinking establishment or caterer licensed in the State of Kansas?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered yes to any question, please give full details below.** Attach additional pages if necessary.


I hereby agree, if such permit is issued, not to violate any of the provisions of the Kansas Liquor Control Act and the Cereal Malt Beverage laws of this state and any rules and regulations adopted. I further agree to keep a complete record of all orders or sales made by me and furnish such records to the Director or a representative of the Director upon request. I further agree that all information submitted is true and correct and I know of no reason which could disqualify me from holding said permit. I also authorize KDOR to send communications to the e-mail address provided on this form.

\_\_\_\_\_  
 Employer Signature Date

\_\_\_\_\_  
 Salesperson Signature Date

FOR OFFICE USE ONLY:

<input type="checkbox"/> \$10 Permit Fee Received Date _____	Background: <input type="checkbox"/> Approved <input type="checkbox"/> Disqualified	Associate/Date: _____
<input type="checkbox"/> Permit Issued Date: _____	Associate: _____	Permit Number: 08-999-____-____-____