Regulated Industries Division
Neighborhood and Housing Services
City of Kansas City, Missouri

Telephone: (816) 513-4561
Fax: (816) 513-4595

# DECLARATION OF INTENT TO SELL

**Business Name** _____

**Business Address** _____

**I,** _____**, hereby notify the**
(Managing Officer or Licensee)

**Regulated Industries Division of my intention to sell or change ownership in the above business on** _____ **, as this is a business that is regulated**
(Proposed Sale Date)

**by Chapter 10 of the Code of Ordinances of the City of Kansas City, Missouri. This business will be sold to** _____**. I also**
(Registered Business Name)

**acknowledge that I am responsible for the licensed premises and will remain in active management and control until sale is approved by the Regulated Industries Division and a new license is issued.**

**I do hereby affirm I have no outstanding liquor bills to any wholesaler, or I have notified all wholesalers to whom I owe money of my intention to sell the business.**

_____ _____
**Signature of Managing Officer or Licensee** **Date**

**State of Missouri** }
}ss.
**County of** _____ }

**Subscribed and sworn before me this** _____ **day of** _____ **, 20** _____
**Date** **Month** **Year**

_____
**Notary Public**

**My Commission Expires:**

_____