

**KANSAS DEPARTMENT OF REVENUE
 ALCOHOLIC BEVERAGE CONTROL DIVISION
 915 SW HARRISON ST
 TOPEKA, KS 66625-2073
 (785) 368-8222 or Fax (785) 296-7015
 www.ksrevenue.org/abc**

DO NOT WRITE IN THIS BOX		
VALIDATED AMOUNTS		CASHIER
DATE	PERMIT FEE	

APPLICATION FOR NON-BEVERAGE ALCOHOL PERMIT

(Authorized by H. B. 169, Laws 1953)

The applicant hereby certifies that the statements made herein are true and are made for the purpose of securing the issuance of a permit to purchase alcohol or wine for non-beverage purposes as defined by Chapter 41, G. S. 1949 and amendments thereto. The applicant further certifies all such alcohol or wine will be used only for scientific, chemical, experimental, mechanical, or medicinal purposes: (**circle one** and state purpose)

1. Name: _____
 (School, College, Hospital, Sanatorium) Contact Name

2. Address: _____ Kansas
 Street City Zip County

3. _____
 Phone Number Fax Number

4. Amount of alcohol or wine used for non-beverage purposes during last calendar year:
 Alcohol _____ Wine _____

5. Amount of alcohol or wine to be purchased on this permit:
 Alcohol _____ Wine _____

6. Amount on hand, if any:
 Alcohol _____ Wine _____

7. From whom will you purchase:

Name Address

8. Where will you store such alcohol or wine:

File report ABC-181 after receipt of such alcohol or wine in the office of the Director.

APPLICANT OATH

STATE OF KANSAS
 _____ ss
 COUNTY OF _____

_____, being first duly sworn, upon oath says: That he/she is the authorized agent for the non-beverage permit; that he/she has read the application and that all statements therein are true.

 Signature

Subscribed and sworn to before me this _____ day of _____, _____
Month Year

 Notary Public

 Notary Seal

My commission expires _____