



**K A N S A S**

JOAN WAGNON, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF REVENUE  
ALCOHOLIC BEVERAGE CONTROL

**REQUEST FOR NEW CONTAINER SIZE**

Submitted By:  Microbrewery      Farm Winery      Manufacturer      Supplier

Kansas License/Permit Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Container Size Requested: \_\_\_\_\_

Product Type:    Alcohol or Spirits    Light Wine    Fortified Wine    Beer    Cereal Malt Beverage

Mail or fax the completed form to:

**Alcoholic Beverage Control  
Attn: Director Tom Groneman  
915 SW Harrison Street  
Topeka, KS 66625-3512  
785-296-7185 Fax**

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For Office Use Only:

\_\_\_\_\_ Date Received  
\_\_\_\_\_ Date Parties Notified of New Container Size Request  
\_\_\_\_\_ Number of Written Comments Received  
\_\_\_\_\_ Date Comments Reviewed  
\_\_\_\_\_ Date Approved  
\_\_\_\_\_ Date Denied  
\_\_\_\_\_ Date Parties Notified of Director's Decision  
\_\_\_\_\_ Date new container size added to database

Denial Reason: \_\_\_\_\_

ABC-214 (New 1/06)