



Kansas Alcoholic Beverage Control
 Licensing Unit
 915 SW Harrison Street, Room 214
 Topeka, KS 66625-3512
 Telephone 785-296-7015 FAX 785-296-7185

FEIN _____

ZONING			
Applicant/Owner Name			
DBA Name of Business			
Business Location Address			
City	Township	State	Zip
Business Phone No.		Applicant/Owner Phone No.	

Type of License Sought:

- | | | |
|---|---|---|
| <input type="checkbox"/> Retailer
<input type="checkbox"/> Drinking Establishment
<input type="checkbox"/> Drinking Establishment/Caterer
<input type="checkbox"/> Private Club: <input type="checkbox"/> A or <input type="checkbox"/> B
<input type="checkbox"/> Temporary Permit | <input type="checkbox"/> Hotel
<input type="checkbox"/> Hotel/Caterer
<input type="checkbox"/> Caterer
<input type="checkbox"/> Distributor
<input type="checkbox"/> Manufacturer | <input type="checkbox"/> Farm Winery
<input type="checkbox"/> Farm Winery Outlet
<input type="checkbox"/> Microbrewery
<input type="checkbox"/> Microbrewery Packaging/Warehouse |
|---|---|---|

NOTICE TO CITY/COUNTY CLERK: Submission of this zoning form by the applicant to the City or County constitutes notification to the governmental entity that an application for a liquor license has been or will be received by the ABC. Should the City or County you represent desire to make any comments, suggestions or recommendations relative to the granting of or refusal to grant a license to the above-named applicant; or, the premise for which licensure is sought or to request a hearing pursuant to K.S.A. 41-318 or 41-265, it may do so by submitting such comments, suggestions, recommendations or requests to the ABC within 10 days of the date you affix your seal to this document. You may submit your written request to the address or fax number provided at the top of the form.

CERTIFICATE OF CITY, TOWNSHIP OR COUNTY CLERK

I HEREBY CERTIFY THAT THE PREMISES IS: (check one box in each section):

CITY LIMITS: **Inside** the incorporated city limits **Outside** the city limits

RETAILERS ONLY: K.S.A. 41-303 states **no** license shall be granted to any applicant unless:

1. The premise to be licensed is located in a township with a population of at least 5,000; **and,**
2. the board of county commissioners has adopted a resolution approving the issuance of a license to the location. A certified copy of such resolution must accompany the license application.

ZONING: within an area that complies with all applicable zoning regulations required by K.S.A. 41-710 or K.S.A. 41-2608. Farm Wineries and Microbreweries **must** be zoned agricultural, commercial or business as required by K.S.A. 41-710(b); **AND,** Retail Liquor Stores, Farm Wineries or Microbreweries premises must comply with the building regulations required by K.S.A. 41-710
 located outside an incorporated city, in a township or county **that is not zoned**

THE CITY/COUNTY ALLOWS: Basic Hours Expanded hours (Sunday sales)

(Seal)

Under penalties of perjury, I declare that the information contained in this document is a true, accurate and complete disclosure of information.

CLERK SIGNATURE _____

DATE _____

PRINTED NAME _____

City Clerk Township Clerk County Clerk