

STATE OF KANSAS



ALCOHOLIC BEVERAGE CONTROL  
 109 SW 9<sup>th</sup> STREET  
 P.O. Box 3506  
 TOPEKA KS 66601-3506

DEPARTMENT OF REVENUE  
 PHONE: 785-296-7015  
 FAX: 785-296-7185  
 www.ksrevenue.org/abc.html

**REQUEST FOR PUBLIC FUNCTION**

Class A or Class B Clubs wanting to use part of their licensed premises for a public event must first get approval from the Director of ABC. For approval, complete and return this form to the address or fax number above. Your request must be received by the ABC Director at least **10 days prior** to the public function.

**Licensee Information:**

Licensee DBA Name	License Number		
Address	City	State	Zip Code
Requestor Name	Requestor Title		
Phone Number	E-mail Address		

**Public Function Information:**

<b>Type of Public Function:</b>		
<b>Conducted by Whom:</b>		
<b>Date(s) of Public Function:</b>		
<b>Time(s) of Public Function:</b>		
<b>Normal club activities will resume:</b>	Date	Time

**Diagram:**

In the space below, in ink, draw a complete sketch of your licensed premises **and** shade the area which you are seeking approval of a public function. The diagram must include all entrance, exit and interior doors, walls, etc.

I understand that no alcoholic liquor or cereal malt beverage may be sold, dispensed or consumed by anyone in the area described during the time(s) indicated.

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

\_\_\_\_\_  
 Requester Signature Date

ABC Office Use Only

<input type="checkbox"/> Received less than 10 days in advance of event. May be subject to administrative action.				
<input type="checkbox"/> APPROVED	Notified Licensee via:	<input type="checkbox"/> E-mail	<input type="checkbox"/> FAX	<input type="checkbox"/> Mail
<input type="checkbox"/> DENIED	Notified Enforcement via e-mail:	<input type="checkbox"/> Yes		
			Signature of ABC Official	Date