



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](http://www.ksrevenue.org/abc.html)

## REQUEST FOR APPROVAL OF MIXED ALCOHOLIC LIQUOR SERVED IN PITCHERS

### WHO MAY COMPLETE THIS FORM?

Any On-Premise licensee seeking approval from the Director for the sale and service in a pitcher of mixed alcoholic beverages that are not currently approved may complete and submit this form to the address or fax number above to request approval from the Director of ABC.

List only one type of mixed alcoholic beverages per request.

If the request is approved, it will be posted to our website at <http://www.ksrevenue.org/abconprem.html>

LICENSEE INFORMATION:			
Organization Name	License Number		
Licensee Mailing Address	City	State	Zip Code
Contact Person Name	E-mail Address		
Phone Number	Fax Number		
Requested by Name (please print)			
<b>Pitcher Information:</b> (Enter the name of the mixed beverage and description, if any, in the space below.)			

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

Authorized Signature

Date

ABC Office Use Only

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Signature of ABC Director	Date
<b>Notified by</b> <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax		
<b>Approved Pitchers Only</b> <input type="checkbox"/> Posted to ABC Website		