

STATE OF KANSAS



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

DEPARTMENT OF REVENUE
 PHONE: 785-296-7015
 FAX: 785-296-7185
 www.ksrevenue.gov/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:

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

Received less than 10 days in advance of event. May be subject to administrative action.

APPROVED Notified Licensee via: E-mail FAX Mail
 DENIED Notified Enforcement via e-mail: Yes

Signature of ABC Official Date