

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.gov/abc.html

**REQUEST TO TEMPORARILY SURRENDER LIQUOR LICENSE**

Licensees must complete and submit this form for approval if they wish to surrender all or part of their liquor license for an event. Your request may be sent by fax, mail or e-mail to KDOR\_ABC.Licensing@ks.gov and must be received by the ABC Director at least **10 day prior** to surrendering your liquor license.

**Licensee Information:**

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

**License Surrender Information:**

<b>Date(s) of Surrender:</b>	Date(s)	
<b>Hours of Surrender:</b>	Start Time	End Time
<b>Normal club activities will resume:</b>	Date	Time

**Area of Surrender:**

- I am surrendering the entire licensed premise.
- I am surrendering part of my licensed premise. I have drawn in the space below, in ink, a complete sketch of the licensed premises **and** shaded the area which is being surrendered. 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.
- I understand all liquor and invoices must be locked in an area not accessible by the public during this event.

**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"/> 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	Signature of ABC Official	Date
<input type="checkbox"/> DENIED	Notified Enforcement via e-mail:	<input type="checkbox"/> Yes	<input type="checkbox"/> Mail		