



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

## NOTIFICATION OF NON-PROFIT ORGANIZATION EVENT PROMOTING THE ARTS

### WHO MUST COMPLETE THIS FORM?

A non-profit organization that wishes to sponsor an event promoting the arts must complete this form if non-licensed businesses wish to serve free alcoholic liquor or Cereal Malt Beverages to members of the general public during the event. Notification must be received by the Director **at least 10 days prior** to the event.

The local governing body must approve the event by ordinance or resolution, which must be submitted with this form.

Complete this form and return to the address or fax number above **at least 10 days prior** to the event.

### Non-Profit Organization Information:

Organization Name			
Organization Mailing Address	City	State	Zip Code
Contact Person Name	E-mail Address		
Phone Number	Fax Number		

### Event Information:

Title of Event	Date(s) of Event		
Beginning Time of Event	Ending Time of Event		
Address	City	State	Zip Code
<input type="checkbox"/> I have attached a copy of the required ordinance or resolution authorizing this event.			
<input type="checkbox"/> I have attached a list of participating businesses.			

**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 prior to event. <input type="checkbox"/> Scanned to Enforcement Agent	Date: _____ Associate: _____
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