Alcoholic Beverage Control 109 SW 9<sup>th</sup> Street, 5<sup>th</sup> Floor PO Box 3506 Topeka KS 66601-3506



Phone: 785-296-7015 Fax: 785-296-7185 kdor\_abc.licensing@ks.gov 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 <u>and</u> 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 Signa	ature				Date	
ABC Office Use Only							
□Received less than 10 days in advance of event. May be subject to administrative action.							
	Notified Licensee via:	E-mail	□FAX	□Mail		Signature of ABC Official	Date
	Notified Enforcement via e-r	mail:	□Yes				