Alcoholic Beverage Control 109 SW 9th Street, 5th 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

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	Non-Profit	Organization	Information:
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Organization Name				
Organization Mailing Address		City	State	Zip Code
Contact Person Name		E-mail Address		
Phone Number		Fax Number		
Event Information:		D : / \ / F : :		1
Title of Event		Date(s) of Event		
Beginning Time of Event		Ending Time of Event		
Address		City	State	Zip Code
☐ I have attached a copy of the req	uired ordinance or resolutior	n authorizing this event.		
□ I have attached a list of norticinat	ing businesses			
☐ I have attached a list of participat				
Under penalties of perjury, I declare the		document a true, accurate and c	omplete disclosure of i	nformation.
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