

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



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www.ksrevenue.gov/abc.html

NOTIFICATION OF INDUSTRY SEMINAR

Submit your completed form to the address or fax number above at least (7) days prior to the event.

Distributor Information:

Distributor Name	License Number(s)
Phone Number	Contact Person Name

Seminar Information:

This seminar is for the following licensees and their employees (check all that apply):	
<input type="checkbox"/> Retailers <input type="checkbox"/> Clubs <input type="checkbox"/> Drinking Establishments <input type="checkbox"/> Caterers <input type="checkbox"/> Hotel Drinking Establishments	
Date:	
From Time:	
To Time:	
Location Address:	
Additional Information:	

Pursuant to K.S.A 41-709 and K.A.R. 14-14-6(a), by submitting this notice we acknowledge that:

1. liquor enforcement taxes, based on the current posted prices of the products, must be remitted on any alcoholic beverages removed from our inventory for this seminar,
2. the seminar is conducted solely for product information and marketing purposes,
3. any alcoholic beverage samples will be consumed only on the seminar premises and in accordance with Kansas law; and,
4. the alcoholic liquor and/or cereal malt beverage samples provided at this seminar are for licensees and their employees.

Under penalties of perjury, I declare the information contained in this document a true, accurate and complete disclosure of information.

 Authorized Signature

 Date

 Printed Name

 Printed Title

ABC Office Use Only

Notified Licensee via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail Notified Enforcement via email: <input type="checkbox"/> Yes	Signature of ABC Official _____ Date _____
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