

REQUEST FOR PERMANENT PREMISE APPROVAL INSTRUCTIONS

WHICH FORM DO I NEED TO COMPLETE?

Complete and submit the form (ABC-806) if you:

- are applying for a new liquor license.
- currently possess a liquor license and are applying for a **permanent change** to your existing licensed premise.
- currently possess a liquor license and are changing your location. You must also complete and submit the *ABC Liquor Licensee/Permit Business Name and/or Address Change From (ABC-22)* and submit a copy of your lease or deed.

Complete and submit the Request for Temporary Extension of Premise (ABC-816) if you:

- currently possess a liquor license and are applying for a **temporary extension** of your licensed premise.

All forms may be found on our website at: www.ksrevenue.gov/abcforms.html

INSTRUCTIONS TO COMPLETE THE REQUEST FOR PERMANENT PREMISE APPROVAL (ABC-806):

1. Check the applicable type of permanent premise approval you are requesting.
2. LICENSEE INFORMATION. Enter the licensee information requested.
3. Answer the questions. Note: A Retailer, Farm Winery, Microbrewery or Microdistillery must be at least 200 feet from a school, college or church.
4. DIAGRAM. Check the appropriate box, then draw a complete diagram of the premises for which you are seeking license approval **or** attach your drawing to the ABC-806 form, provided it is no larger than 8½ X 11.
 - a. The diagram must include **all** entrances, exits and interior doors, walls, coolers, bars, liquor storage space, kitchen, counters, sales areas, office, restrooms, etc.
 - b. The diagram must show approximate dimensions of the premise for which you are seeking approval.
 - c. If you are seeking a permanent change to the premise, indicate the currently approved premise **and** the area you wish to change.
5. ZONING. Check the appropriate license type, then take the form to the city/county clerk to complete the zoning certificate section to the form.
6. Read the statements and check the boxes that you understand, then sign and date the form.
7. Submit your completed request with the required documents, if any, to the ABC by mail, fax or email to KDOR_ABC.Licensing@ks.gov **at least 10 calendar days prior to the permanent or location change.**

CONTACT INFORMATION:

If you have questions or need assistance, please contact the ABC Licensing Unit by:

- **Phone: 785-296-7015; or,**
- **Email: KDOR_ABC.Licensing@ks.gov**



REQUEST FOR PERMANENT PREMISE APPROVAL

- Check one: New License Application
 Permanent Change to Premise
 Location Change – Required ABC-22 and a copy of your lease or deed are attached.

Licensee Information

Business DBA Name		License Number (New License Applicant – enter your FEIN)	
Business Location Street Address		City	County
Contact Phone Person		Phone Number	Email Address
I am applying for or have a Retailer, Farm Winery, Microbrewery or Microdistillery license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, is the premise at least 200 feet from a school, college or church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I have a Farm Winery or Producer license and am applying for an on-premise liquor license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, are you a registered agritourism operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, I have attached a copy of my registration certificate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Diagram:

Check the appropriate box then draw a complete diagram of the premises for which you are seeking approval **or** attach your drawing. The diagram must include all entrances, exits and interior doors, walls, coolers, bars, liquor storage space, kitchen, counters, sales areas, office, restrooms, etc. **Architectural drawings will not be accepted.** Return the completed form to the address above.

- Check one:** Diagram drawn below 8½ X 11" drawing attached



Zoning:

CERTIFICATE OF CITY, TOWNSHIP OR COUNTY CLERK

License Type (applicant check one):

- | | | |
|---------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Hotel | <input type="checkbox"/> Non-Beverage User |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Hotel/Caterer | <input type="checkbox"/> Packaging/Warehousing Facility Permit |
| <input type="checkbox"/> Drinking Establishment | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Private Club: <input type="checkbox"/> A or <input type="checkbox"/> B |
| <input type="checkbox"/> Drinking Establishment/Caterer | <input type="checkbox"/> Microbrewery | <input type="checkbox"/> Producer |
| <input type="checkbox"/> Farm Winery | <input type="checkbox"/> Microbrewery Packaging/Warehouse | <input type="checkbox"/> Public Venue |
| <input type="checkbox"/> Farm Winery Outlet | <input type="checkbox"/> Microdistillery | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Fulfillment House | <input type="checkbox"/> Microdistillery Packaging/Warehouse | <input type="checkbox"/> Special Order Shipping |

NOTICE TO CITY/COUNTY CLERK: Submission of this zoning form by the applicant to the City or County constitutes notification to the governmental entity that an application for a liquor license has been or will be received by the ABC. Should the City or County you represent desire to make any comments, suggestions or recommendations relative to the granting of or refusal to grant a license to the above-named applicant; or, the premise for which licensure is sought or to request a hearing pursuant to K.S.A. 41-318 or 41-2608, it may do so by submitting such comments, suggestions, recommendations or requests to the ABC within 10 days of the date you affix your seal to this document. You may submit your written request to the address or fax number provided at the top of the form.

I HEREBY CERTIFY THAT THE PREMISES AT _____ **IS:**
 _____ Location Street Address _____ City _____ Zip _____

(Check one box in each section below)

CITY LIMITS: **Inside** the incorporate city limits **Outside** the city limits _____
 _____ County

New Retailer applicants only: K.S.A. 41-303 states no license shall be granted to any applicant unless:
 1. The board of county commissioners has adopted a resolution approving the issuance of a license to the location.
A certified copy of such resolution must accompany the license application.

ZONING:

- located within an area that complies with all applicable zoning regulations required by K.S.A. 41-710 or K.S.A. 41-2608. Farm Wineries, Microbreweries and Microdistilleries **must** be zoned agricultural, commercial or business as required by K.S.A. 41-710(b); **AND**, Retailers, Farm Wineries or Microbreweries premises must comply with the building regulations required by K.S.A. 41-710.
- located outside an incorporated city, in a township or county **that is not zoned.**
- I acknowledge a public venue, club or drinking establishment liquor license shall be issued to a farm winery or producer licensee regardless of any local zoning regulations or other regulations if the applicant is a registered agritourism operator.

THE CITY/COUNTY ALLOWS: Basic Hours Expanded Hours (Sunday sales)

(Seal)

CLERK SIGNATURE _____ City Clerk Township Clerk County Clerk

PRINTED NAME _____ DATE _____ PHONE _____

- I understand any changes to the approved diagram must be submitted to the ABC an approved prior to making any change and that this diagram is subject to onsite review by an ABC Enforcement Agent.
- I understand that I must maintain a copy of the approved diagram on the licensed premise and make it available for immediate inspection upon request.

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

Licensee Signature	Printed Name	Date
ABC Office Use Only		
<input type="checkbox"/> DIAGRAM APPROVED AS SUBMITTED <input type="checkbox"/> DIAGRAM DENIED Reason Denied:	Signature of ABC Official	Date