



Kansas Department of Revenue  
Alcoholic Beverage Control Division  
915 S.W. Harrison Street  
Topeka, KS 66625-3512  
Phone: 785-296-7015 Fax: 866-855-5025

## REQUEST FOR TEMPORARY EXTENSION OF PREMISE INTO A SPECIAL EVENT\* APPROVAL INSTRUCTIONS

### WHICH FORM DO I NEED TO COMPLETE?

Complete and submit this form (ABC-817) if you:

- currently possess a liquor license and are applying for a **temporary extension of your licensed premise into a special event\* area held on public streets, alleys, roads, sidewalks or highways when a special event temporary permit has been approved.**

Complete and submit the *REQUEST FOR TEMPORARY EXTENSION OF PREMISE APPROVAL (ABC-816)* if you:

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

Complete and submit the *REQUEST FOR PERMANENT PREMISE APPROVAL (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 LICENSE/PERMIT BUSINESS NAME AND/OR ADDRESS CHANGE FORM (ABC-22)* along with a copy of the lease or deed.

All forms may be found on our website at: <http://www.ksrevenue.org/abcforms.html>

### INSTRUCTIONS TO COMPLETE THE REQUEST FOR TEMPORARY EXTENSION OF PREMISE INTO A SPECIAL EVENT\* APPROVAL:

1. SPECIAL EVENT\* TEMPORARY PERMIT INFORMATION. Enter the information requested.
2. LICENSEE INFORMATION. Enter the licensee information requested.
3. 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-817 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 area, office, restrooms, etc.
  - b. The diagram must show approximate dimensions of the premise for which you are seeking approval.
  - c. The diagram must indicate your current premise **and** the special event temporary extension area.
4. ZONING. Take the form to the city/county clerk to complete the zoning section of the form.
5. Sign and date the form.
6. Submit your completed request to the ABC by mail, fax or email to [abc.licensing@kdor.ks.gov](mailto:abc.licensing@kdor.ks.gov) **at least 10 calendar days prior to the special event.**

### CONTACT INFORMATION:

If you have questions or need assistance, please contact us by:

- Phone: 785-296-7015; or,
- Email: [abc.licensing@kdor.ks.gov](mailto:abc.licensing@kdor.ks.gov)

*\*A special event is defined by K.S.A. 41-719(a)(2). Alcoholic liquor may be consumed at a special event held on public streets, alleys, roads, sidewalks or highways when a temporary permit has been issued pursuant to K.S.A. 41-2645, and amendments thereto, for such special event. Such special event must be approved, by ordinance or resolution, by the local governing body of any city, county or township where such special event is being held. No alcoholic liquor may be consumed inside vehicles while on public streets, alleys, roads or highways at any such special event.*





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Zoning:

**CERTIFICATE OF CITY, TOWNSHIP OR COUNTY CLERK**

I HEREBY CERTIFY THAT THE PREMISES AT \_\_\_\_\_ IS:  
Location Street Address City Zip

(check one box in each section):  
 CITY LIMITS:  **Inside** the incorporated city limits  **Outside** the city limits

PREMISE:  complies with all local ordinances/resolutions concerning the sale and consumption of alcoholic liquor.

(Seal)

CLERK SIGNATURE \_\_\_\_\_  City Clerk  Township Clerk  County Clerk  
 PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

I understand that I must maintain a copy of the approved diagram on the licensed premise and make 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

<small>ABC Office Use Only</small>		
<b>Special Event Temporary Permit #</b> _____ <input type="checkbox"/> <b>DIAGRAM APPROVED AS SUBMITTED</b> <input type="checkbox"/> <b>DIAGRAM DENIED – Reason:</b> _____	Signature of ABC Official	Date