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.

return this form to the address or fax numl <b>Licensee Information:</b>	ber above. Your request must	be received by the ABC	Director at least 10	days prior to the public for	unction.
Licensee DBA Name		License Number			
Address		City	St	ate	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		Ti	me	
In the space below, in ink, draw a complemust include all entrance, exit and interior		W S E	sa willon you are so	Sching approval of a public	Trie diagram
☐ I understand that no alcoholic liquor or	cereal malt beverage may be:	sold, dispensed or consu	med by anyone in t	he area described during t	he time(s) indicated.
Under penalties of perjury, I declare the					
Requester S	Signature			Date	
ABC Office Use Only  Received less than 10 days in advance of 6	event. May be subject to adminis	strative action.			
□ APPROVED Notified Licensee via:	□E-mail □FAX □Mail			Signature of ABC Official	Date

Notified Enforcement via e-mail:

□Yes

DENIED