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

Signature of ABC Official

Date

REQUEST TO TEMPORARILY SURRENDER LIQUOR LICENSE

Licensees must complete and submit this form for approval if they wish to surrender all or part of their liquor license for an event. Your request may be sent by fax, mail or e-mail to KDOR_ABC Licensing@ks gov and must be received by the ABC Director at least 10 day prior to surrendering your liquor license.

or e-mail to KDOR_ABC.Licensing@ks.gov	and must be received by the ABC Dire	ector at least 10 day prior to surrendering your	liquor license.
Licensee Information:			
Licensee DBA Name		License Number	
Address	City	State	Zip Code
Requestor Name		Requestor Title	
Phone Number		E-mail Address	
License Surrender Information	:		
Date(s) of Surrender:	Date(s)		
Hours of Surrender:	Start Time	End Time	
Normal club activities will resume:	Date	Time	
☐ I understand all liquor and invoices must	be locked in an area not accessible by	ensed or consumed by anyone in the area description the public during this event. ent a true, accurate and complete disclosur	0 ,,
Authorized Sig	nature	Date	
ABC Office Use Only			
□Received less than 10 days in advance of ev	ent. May be subject to administrative act	ion.	

Notified Licensee via:

Notified Enforcement via e-mail:

□FAX

□Yes

□E-mail

□Mail

□APPROVED

□DENIED