

STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL
109 SW 9th STREET
P.O. Box 3506
TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE
PHONE: 785-296-7015
FAX: 785-296-7185
www.ksrevenue.gov/abc.html

REQUEST FOR APPROVAL OF MIXED ALCOHOLIC LIQUOR SERVED IN PITCHERS

WHO MAY COMPLETE THIS FORM?

Any On-Premise licensee seeking approval from the Director for the sale and service in a pitcher of mixed alcoholic beverages that are not currently approved may complete and submit this form to the address or fax number above to request approval from the Director of ABC.

List only one type of mixed alcoholic beverages per request.

If the request is approved, it will be posted to our website at <http://www.ksrevenue.gov/abconprem.html>

LICENSEE INFORMATION:			
Organization Name		License Number	
Licensee Mailing Address		City	State Zip Code
Contact Person Name		E-mail Address	
Phone Number		Fax Number	
Requested by Name (please print)			
Pitcher Information: (Enter the name of the mixed beverage and description, if any, in the space below.)			

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

Authorized Signature

Date

ABC Office Use Only

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Signature of ABC Director	Date
Notified by <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax		
Approved Pitchers Only <input type="checkbox"/> Posted to ABC Website		