



Kansas Alcoholic Beverage Control
 Licensing Unit
 915 SW Harrison Street, Room 214
 Topeka, KS 66625-3512
 Telephone 785-296-7015 FAX 785-296-7185

Request for Public Function

Complete and return to the address or fax number above. Notification must be received by the ABC Director at least **10 days prior** to the public function.

Licensee Information:

| | |
|---------------|----------------|
| Licensee Name | License Number |
| Address | City State |
| Phone Number | Fax Number |

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 Time |

Note: No alcoholic liquor or cereal malt beverage may be sold, dispensed or consumed by anyone in the area described during the time(s) indicated.

Requester Information:

| | |
|--------------|-------------|
| Name: | Title: |
| Phone Number | Fax Number: |

Diagram:

Draw in the space below, in ink, a complete sketch of your licensed premises **and** shade the area which you are seeking approval of a public function. The diagram must include all entrance, exit and interior doors, walls, etc.

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

 Requester Signature Date

ABC Office Use Only

| | | | |
|--|---------------------------|------|--|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | Signature of ABC Official | Date | Date Notified: _____ By: _____ |
| | | | Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail |