



BYOB Report

Law Enforcement Agency ORI	
Law Enforcement Agency Name	
Officer Name and Badge/ID No.	
Business Name	
Business Street Address	
Business City, State and Zip	
Owner of Business	

Business Type (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Adult retail store | <input type="checkbox"/> Former 3.2 beer licensed premises |
| <input type="checkbox"/> After hours bar | <input type="checkbox"/> Massage parlor |
| <input type="checkbox"/> Art studio | <input type="checkbox"/> Movie theatre |
| <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Music performances |
| <input type="checkbox"/> Beauty Salon | <input type="checkbox"/> Nail salon |
| <input type="checkbox"/> Biker bar | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Cigar bar | <input type="checkbox"/> Social Club |
| <input type="checkbox"/> College Bar | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Fast food restaurant | <input type="checkbox"/> Stadium |
| <input type="checkbox"/> Former ABC-licensed premises | <input type="checkbox"/> Strip bar |

Other – specify: _____

Description of problems (if any): _____



INSTRUCTIONS TO LAW ENFORCEMENT

1. Use this form to report any issues pertaining to the BYOB law to the ABC.
2. Once the form is completed, email to laa@kdor.ks.gov or fax to the number above with a copy of your report, if applicable.