



REQUEST FOR TEMPORARY EXTENSION OF PREMISE APPROVAL INSTRUCTIONS

WHICH FORM DO I NEED TO COMPLETE?

Complete and submit this form (ABC-816) if you:

- currently possess a liquor license and are applying for a **temporary extension** of your licensed premise. If you do not have control of the area you are extending into, you must provide written permission from the owner or the city/county.

Complete and submit the *REQUEST FOR PERMANENT PREMISE APPROVAL (ABC-806)* if you:

- are applying for a new liquor license.
- currently possess a liquor license and are applying for a **permanent change** to your existing licensed premise.
- currently possess a liquor license and are changing your location. You must also complete and submit the *ABC LIQUOR LICENSE/PERMIT BUSINESS NAME AND/OR ADDRESS CHANGE FORM (ABC-22)* along with a copy of your lease or deed.

Complete and submit the *REQUEST FOR TEMPORARY EXTENSION OF PREMISE INTO A SPECIAL EVENT* AREA (ABC-817)* if you:

- currently possess a liquor license and are applying for a **temporary extension of you licensed premise into a special event* area held on public streets, alleys, roads, sidewalks or highways.**

All forms may be found on our website at: <https://ksrevenue.org/abcforms.html>

INSTRUCTIONS TO COMPLETE THE REQUEST FOR TEMPORARY EXTENSION OF PREMISE APPROVAL (ABC-816):

1. LICENSEE INFORMATION. Enter the licensee information requested.
2. Answer the questions. If your answer to the first question is "No", you must obtain written permission from the property owner or city/county and attach to your request.
3. DIAGRAM. Check the appropriate box, then draw a complete diagram of the premises for which you are seeking license approval **or** attach your drawing to the ABC-816 form, provided it is no larger than 8½ X 11.
 - a. The diagram must include **all** entrances, exits and interior doors, walls, coolers, bars, liquor storage space, kitchen, counters, sales area, office, restrooms, etc.
 - b. The diagram must show approximate dimensions of the premise for which you are seeking approval.
 - c. The diagram must indicate your current premise and the temporary extension area.
4. ZONING. Take the form to the city/county clerk to complete the zoning section of the form.
5. Sign and date form.
6. Submit your completed request to the ABC by mail, fax or email to KDOR_ABC.Licensing@ks.gov **at least 10 calendar days prior to the permanent or location change.**

CONTACT INFORMATION:

If you have questions or need assistance, please contact us by:

- **Phone: 785-296-7015; or, Email:**
- **KDOR_ABC.Email@ks.gov**

**A special event is defined by K.S.A. 41-719(a)(2). Alcoholic liquor may be consumed at a special event held on public streets, alleys, roads, sidewalks or highways when a temporary permit has been issued pursuant to K.S.A. 41-2645, and amendments thereto, for such special event. Such special event must be approved, by ordinance or resolution, by the local governing body of any city, county or township where such special event is being held. No alcoholic liquor may be consumed inside vehicles while on public streets, alleys, roads or highways at any such special event.*

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.org/abc.html

Zoning:

CERTIFICATE OF CITY, TOWNSHIP OR COUNTY CLERK

I HEREBY CERTIFY THAT THE PREMISES AT _____ IS:
Location Street Address City Zip

(Check one box in each section below)

CITY LIMITS: **Inside** the incorporated city limits **Outside** the city limits _____
County

PREMISE: complies with all local ordinances/resolutions concerning the sale and consumption of alcoholic liquor.

(Seal)

CLERK SIGNATURE _____ City Clerk Township Clerk County Clerk

PRINTED NAME _____ DATE _____ PHONE _____

I understand that I must maintain a copy of the approved diagram on the licensed premise and make available for immediate inspection upon request.

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

Licensee Signature Printed Name Date

ABC Office Use Only

<input type="checkbox"/> DIAGRAM APPROVED AS SUBMITTED <input type="checkbox"/> DIAGRAM DENIED Reason Denied:	Signature of ABC Official	Date
---	---------------------------	------