



Kansas Department of Revenue
 Alcoholic Beverage Control Division
 915 S.W. Harrison Street, Room 214
 Topeka, KS 66625-3512
 Phone: 785-296-7015 Fax: 866-855-5025

REQUEST TO EXTEND LICENSE TERM

Effective July 1, 2010, the director may, at the director's sole discretion and after examination of the circumstances, extend the license term of any license for not more than 30 days beyond the date such license would expire.¹

Any extension of the license term by the director shall automatically extend the due date for payment by the licensee of any occupation or license tax levied by a city or township by the same number of days the director has extended the license term.

Licensee Information:

Licensee Name	License Number		
Address	City	State	Zip Code
Phone Number	Fax Number		
Email Address			

Circumstances of Request:

Death
 Fire
 Natural disaster (flood, tornado, etc.)
 Serious illness or injury resulting in hospitalization
 Other – Explain: _____

I have attached the documentation supporting my request for a license term extension.²

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

Licensee Signature	Date
Printed Name	Title

¹A request for extension does not constitute the ability to operate without a liquor license. Determination of your request will be made and you will be notified of the decision within 5 calendar days from the receipt of your request. In the event your request is approved, you will be provided with a license extension. If your request is denied, you must cease the sale of all alcoholic liquor immediately upon expiration of your liquor license.

² Documentation supporting the circumstances of your request must be attached to this form.

ABC Office Use Only

<input type="checkbox"/> APPROVED – Days extended: _____ <input type="checkbox"/> DENIED	Date Notified: _____ By: _____ Method: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Signature of ABC Director _____ Date _____
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