



Kansas Department of Revenue
 Alcoholic Beverage Control Division
 915 SW Harrison Street
 Topeka, KS 66612-1588
 Phone: 785-296-7015 Fax: 866-855-5025

REQUEST TO TEMPORARILY SURRENDER LIQUOR LICENSE

Licensees must complete and submit this form for approval if they wish to surrender all or part of their liquor license for an event. Your request may be sent by fax, mail or e-mail to abc.licensing@kdor.ks.gov and must be received by the ABC Director at least **10 days prior** to surrendering your liquor license.

Licensee Information:

Licensee DBA Name	License Number
Address	City
Requestor Name	Requestor Title
Phone Number	E-mail Address

License Surrender Information:

Date(s) of Surrender:	Date(s)	
Hours of Surrender:	Start Time	End Time
Normal activities will resume:	Date	Time

Area of Surrender:

- I am surrendering the entire licensed premise.
- I am surrendering part of my licensed premise. I have drawn in the space below, in ink, a complete sketch of the licensed premises and shaded the area which is being surrendered. Include all entrance, exit and interior doors, walls, etc.

- I understand that no alcoholic liquor or cereal malt beverage may be sold or dispensed by the **licensee** during the date(s) and time(s) indicated above.
- I understand all liquor and invoices must be locked in an area not accessible by the public during this event.

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"/> Received less than 10 days in advance of event.		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Notified Licensee via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail Notified Enforcement via email: <input type="checkbox"/> Yes	Signature of ABC Official Date