

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

TEMPORARY PERMIT LOCATION AND ZONING

Organization Name or Individual Applicant _____ Event Date(s) _____

Event Type: Charitable Auction On-Premise Porcelain Container
 Special Event* - Number of Consecutive days (up to 30): _____

*A special event is held on public streets, alleys, roads, sidewalks or highways and 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.

SECTION 1 – EVENT AREA: Complete this section for On-Premise and Special Events only.

In the space below, in ink, draw the floor plan **and** any outside areas included in the proposed event area where alcoholic liquor will be sold, served or consumed. If the area is outside, it must show where the three-dimensional barriers will be located to define the event area; and, include nearby streets for reference. Shade in the areas you DO NOT wish to be permitted.



SECTION 2 – CERTIFICATE OF CITY, TOWNSHIP OR COUNTY CLERK: (Completed by the clerk).

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

CITY LIMITS: **Inside** the incorporated city limits **Outside** the city limits
ZONING: within an area that complies with all applicable zoning regulations required by K.S.A. 41-2645(d)
 located outside an incorporated city, in a township or county **that is not zoned** (Seal)
LOCATION: government property private property public property CMB licensed premise

I declare under penalties of perjury that to the best of my knowledge and belief that Section 2 is true, correct and complete.

CLERK SIGNATURE _____ DATE _____ PHONE _____
PRINTED NAME _____ City Clerk Township Clerk County Clerk