

### 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 CMB 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                    |
| <input type="checkbox"/> 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 [KDOR\\_ABCLegal@ks.gov](mailto:KDOR_ABCLegal@ks.gov) or fax to the number above with a copy of your report, if applicable.