

Alcoholic Beverage Control
109 SW 9th Street, 5th Floor
PO Box 3506
Topeka KS 66601-3506
Mark A. Burghart, Secretary



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Laura Kelly, Governor

TEMPORARY PERMIT LOCATION AND ZONING

Applicant Name: _____ FEIN/SSN: _____

Phone Number: _____ Event Date(s) (must be consecutive): _____

Event Type: Charitable Auction On-Premise Porcelain Container Special Event* - Number of days: _____

*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, 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 the line of demarcation 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. 41-1201(e)

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 believe that Section 2 is true, correct, and complete.

CLERK SIGNATURE _____ DATE _____ PHONE _____

PRINTED NAME _____ City Clerk Township Clerk County Clerk