

REQUEST FOR PERMANENT PREMISE APPROVAL INSTRUCTIONS

WHICH FORM DO I NEED TO COMPLETE?

Complete and submit the form (ABC-806) if you:

- are applying for a new liquor license.
- currently possess a liquor license and are applying for a **permanent change** to your existing licensed premise.
- currently possess a liquor license and are changing your location. You must also complete and submit the *ABC LIQUOR LICENSE/PERMIT BUSINESS NAME AND/OR ADDRESS CHANGE FORM (ABC-22)* and submit a copy of your lease or deed.

Complete and submit the *REQUEST FOR TEMPORARY EXTENSION OF PREMISE APPROVAL (ABC-816)* if you:

- currently possess a liquor license and are applying for a **temporary extension** of your licensed premise.

Complete and submit the *REQUEST FOR TEMPORARY EXTENSION OF PREMISE INTO A SPECIAL EVENT* AREA (ABC-817)* if you:

- currently possess a liquor license and are applying for a **temporary extension of your licensed premise into a special event* area held on public streets, alleys, roads, sidewalks or highways.**

All forms may be found on our website at: <https://ksrevenue.org/abcforms.html>

INSTRUCTIONS TO COMPLETE THE REQUEST FOR PERMANENT PREMISE APPROVAL (ABC-806):

1. Check the applicable type of permanent premise approval you are requesting.
2. LICENSEE INFORMATION. Enter the licensee information requested.
3. Answer the questions. Note: A Retailer, Farm Winery, Microbrewery or Microdistillery must be at least 200 feet from a school, college or church.
4. DIAGRAM. Check the appropriate box, then draw a complete diagram of the premises for which you are seeking license approval **or** attach your drawing to the ABC-806 form, provided it is no larger than 8½ X 11.
 - a. The diagram must include **all** entrances, exits and interior doors, walls, coolers, bars, liquor storage space, kitchen, counters, sales areas, office, restrooms, etc.
 - b. The diagram must show approximate dimensions of the premise for which you are seeking approval.
 - c. If you are seeking a permanent change to the premise, indicate the currently approved premise **and** the area you wish to change.
5. ZONING. Check the appropriate license type, then take the form to the city/county clerk to complete the zoning certificate section to the form.
6. Read the statements and check the boxes that you understand, then sign and date the form.
7. Submit your completed request with the required documents, if any, to the ABC by mail, fax or email to KDOR_ABC.Licensing@ks.gov **at least 10 calendar days prior to the permanent or location change.**

CONTACT INFORMATION:

If you have questions or need assistance, please contact the ABC Licensing Unit by:

- **Phone: 785-296-7015; or,**
- **Email: KDOR_ABC.Licensing@ks.gov**

**A special event is defined by K.S.A. 41-719(a)(2). Alcoholic liquor may be consumed at a special event held on public streets, alleys, roads, sidewalks or highways when a temporary permit has been issued pursuant to K.S.A. 41-2645, and amendments thereto, for such special event. Such special event 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. No alcoholic liquor may be consumed inside vehicles while on public streets, alleys, roads or highways at any such special event.*

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

REQUEST FOR PERMANENT PREMISE APPROVAL

- Check one: New License Application
 Permanent Change to Premise
 Location Change – Required ABC-22 and a copy of your lease or deed are attached.

Licensee Information

Business DBA Name	License Number (New License Applicant – enter your FEIN)		
Business Location Street Address	City	County	Zip Code
Contact Phone Person	Phone Number	Email Address	
I am applying for or have a Retailer, Farm Winery, Microbrewery or Microdistillery license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, is the premise at least 200 feet from a school, college or church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Diagram:

Check the appropriate box then draw a complete diagram of the premises for which you are seeking approval or attach your drawing. The diagram must include all entrances, exits and interior doors, walls, coolers, bars, liquor storage space, kitchen, counters, sales areas, office, restrooms, etc. **Architectural drawings will not be accepted.** Return the completed form to the address above.

- Check one: Diagram drawn below 8½" X 11" drawing attached

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P.O. BOX 3506
TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE
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Zoning:

CERTIFICATE OF CITY, TOWNSHIP OR COUNTY CLERK

License Type (applicant check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Hotel/Caterer | <input type="checkbox"/> Microdistillery Packaging/Warehouse |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Hotel | <input type="checkbox"/> Non-Beverage User |
| <input type="checkbox"/> Drinking Establishment | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Public Venue |
| <input type="checkbox"/> Drinking Establishment/Caterer | <input type="checkbox"/> Microbrewery | <input type="checkbox"/> Private Club: <input type="checkbox"/> A or <input type="checkbox"/> B |
| <input type="checkbox"/> Farm Winery | <input type="checkbox"/> Microbrewery Packaging/Warehouse | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Farm Winery Outlet | <input type="checkbox"/> Microdistillery | <input type="checkbox"/> Packaging/Warehouseing Facility Permit |

NOTICE TO CITY/COUNTY CLERK: Submission of this zoning form by the applicant to the City or County constitutes notification to the governmental entity that an application for a liquor license has been or will be received by the ABC. Should the City or County you represent desire to make any comments, suggestions or recommendations relative to the granting of or refusal to grant a license to the above-named applicant; or, the premise for which licensure is sought or to request a hearing pursuant to K.S.A. 41-318 or 41-2608, it may do so by submitting such comments, suggestions, recommendations or requests to the ABC within 10 days of the date you affix your seal to this document. You may submit your written request to the address or fax number provided at the top of the form.

I HEREBY CERTIFY THAT THE PREMISES AT _____ IS:		
	Location Street Address	City Zip
(Check one box in each section below)		
CITY LIMITS: <input type="checkbox"/> Inside the incorporated city limits <input type="checkbox"/> Outside the city limits _____ County		
Retailers only: K.S.A. 41-303 states no license shall be granted to any applicant unless: 1. The board of county commissioners has adopted a resolution approving the issuance of a license to the location. <u>A certified copy of such resolution must accompany the license application.</u>		
ZONING: <input type="checkbox"/> within an area that complies with all applicable zoning regulations required by K.S.A. 41-710 or K.S.A. 41-2608. Farm Wineries, Microbreweries and Microdistilleries must be zoned agricultural, commercial or business as required by K.S.A. 41-710(b); AND , Retail Liquor Sales, Farm Wineries or Microbreweries premises must comply with the building regulations required by K.S.A. 41-710. <input type="checkbox"/> located outside an incorporated city, in a township or county that is not zoned .		
PREMISE: <input type="checkbox"/> complies with all local ordinances/resolutions concerning the sale and consumption of alcoholic liquor.		
THE CITY/COUNTY ALLOWS: <input type="checkbox"/> Basic Hours <input type="checkbox"/> Expanded Hours (Sunday sales)		
(Seal)		
CLERK SIGNATURE _____	<input type="checkbox"/> City Clerk	<input type="checkbox"/> Township Clerk <input type="checkbox"/> County Clerk
PRINTED NAME _____	DATE _____	PHONE _____

I understand that any changes to the approved diagram must be submitted to the ABC and approved prior to making any change and that this diagram is subject to onsite review by an ABC Enforcement Agent.

I understand that I must maintain a copy of the approved diagram on the licensed premise and make available for immediate inspection upon request.

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

Licensee Signature	Printed Name	Date
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ABC Office Use Only		
<input type="checkbox"/> DIAGRAM APPROVED AS SUBMITTED <input type="checkbox"/> DIAGRAM DENIED Reason Denied:	Signature of ABC Official	Date