



ALCOHOLIC BEVERAGE CONTROL  
 109 SW 9<sup>th</sup> 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 TO EXTEND LICENSE TERM**

Effective July 1, 2010, the Director may, at the Director's sole discretion and after examination of the circumstances, extend the license term of any license for not more than 30 days beyond the date such license would expire. <sup>1</sup>

Any extension of the license term by the Director shall automatically extend the due date for payment by the licensee of any occupation or license tax levied by a city or township by the same number of days the Director has extended the license term.

**Licensee Information:**

Licensee Name	License Number		
Address	City	State	Zip Code
Phone Number	Fax Number		
E-mail Address			

**Circumstance of Request:**

**Death**  
 **Fire**  
 **Natural disaster (flood, tornado, etc.)**  
 **Serious illness or injury resulting in hospitalization**  
 **Other – Explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have attached the documentation supporting my request for a license term extension. <sup>2</sup>

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

_____ Licensee Signature	_____ Date
_____ Printed Name	_____ Title

<sup>1</sup>A request for extension does not constitute the ability to operate without a liquor license. Determination of your request will be made and you will be notified of the decision within 5 calendar days from the receipt of your request. In the event your request is approved, you will be provided with a license extension. If you request is denied, you must cease the sale of alcoholic liquor immediately upon expiration of your liquor license.

<sup>2</sup>Documentation supporting the circumstances of your request must be attached to this form.

ABC Office Use Only

<input type="checkbox"/> <b>APPROVED – Days Extended:</b> _____ <input type="checkbox"/> <b>DENIED</b>	<b>Date Notified:</b> _____ <b>By:</b> _____ <b>Method:</b> <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Signature of ABC Official _____ Date _____
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