

REQUEST FOR TEMPORARY EXTENSION OF PREMISE (ABC-816)

WHICH FORM DO I NEED TO COMPLETE?

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

- currently possess a liquor license and are applying for a **temporary extension** of your licensed premise. If you do not have control of the area you are extending into, you must provide written permission from the owner or the city/county.
- If you are extending into public streets, alleys, roads, sidewalks or highways, you must provide a copy of the ordinance or resolution approval issued by the local governing body.

Complete and submit the *REQUEST FOR PERMANENT PREMISE APPROVAL (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)* along with a copy of your lease or deed.

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

INSTRUCTIONS FOR THIS TEMPORARY EXTENSION OF PREMISE REQUEST (ABC-816):

1. LICENSEE INFORMATION. Enter the licensee information requested.
2. TEMPORARY EXTENSION INFORMATION. Check the appropriate box(es).
 - a. If licensee does not have control of the premises, attach written permission from the property owner or city/county to this form before submission.
 - b. If licensee is to extend onto a public street, alley, road, sidewalk or highway, attach the approved ordinance/resolution to this form before submission.
3. DIAGRAM. Check the appropriate box, then draw a complete diagram of the premises for which you are seeking license approval **or** attach your own drawing, provided it is no larger than 8½ X 11, to this form.
 - a. The diagram must include **all** entrances, exits and interior doors, walls, coolers, bars, liquor storage space, kitchen, counters, sales area, office, restrooms, premises boundaries, etc.
 - b. The diagram must show approximate dimensions of the premise for which you are seeking approval.
 - c. The diagram must indicate your current premise (if applicable) as well as the temporary extension area.
4. ZONING. Take the form to the city/county clerk to complete the zoning section of the form.
5. Sign and date form.
6. Submit your completed request to the ABC by mail, fax or email to KDOR_ABC.Licensing@ks.gov **at least 10 calendar days prior to the temporary extension event date.**

CONTACT INFORMATION:

If you have questions or need assistance, please contact us by:

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

Alcoholic Beverage Control
 109 SW 9th Street, 5th Floor
 PO Box 3506
 Topeka KS 66601-3506



Phone: 785-296-7015
 Fax: 785-296-7185
 Kdor_abc.email@ks.gov
 www.ksrevenue.org/abc.html

REQUEST FOR TEMPORARY EXTENSION OF PREMISE APPROVAL

Licensee Information

Business DBA Name	License Number	
Business Location Street Address	City	Zip Code
Contact Phone Person	Phone Number	Email Address
Event Date(s)	Event Start Time(s)	Event End Time(s)

Temporary Extension Information

Check all that apply:

I am extending onto unlicensed or unpermitted premises
 Is the area of the extension under the control of the licensee? Yes No

I have attached written permission from the owner or city/county. Yes No

I am extending onto a temporarily permitted premises.
 What is the event name? _____

I am extending onto any of the following areas: public streets, alleys, roads, sidewalks or highways.

I have attached the ordinance or resolution approved by the local governing body. Yes No

Diagram: Draw a complete diagram of the premises for which you are seeking approval or attach your drawing. The diagram must indicate the current premise and the temporary extension area. **Architectural drawings will not be accepted.**

Check one: Diagram drawn below 8½" X 11" drawing attached on supplemental page

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Zoning: CERTIFICATE OF CITY, TOWNSHIP OR COUNTY CLERK

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

(Check one box in each section below)

CITY LIMITS: **Inside** the incorporated city limits **Outside** the city limits _____
County

(Seal)

CLERK SIGNATURE _____ City Clerk Township Clerk County Clerk

PRINTED NAME _____ DATE _____ PHONE _____

I understand that I must maintain a copy of the approved diagram on the licensed premise and it must be 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

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