

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



Phone: 785-296-7015  
Fax: 785-296-7185  
kdor\_abc.licensing@ks.gov  
[www.ksrevenue.gov/abc.html](http://www.ksrevenue.gov/abc.html)

## **NON-BEVERAGE PERMIT APPLICATION AND AGREEMENT INSTRUCTIONS**

This permit allows a one-time purchase of alcohol or wine for specific use. The fee for this permit is \$2.00.

### **WHO MAY APPLY FOR A NON-BEVERAGE PERMIT?**

To apply for a Non-Beverage Permit, the applicant must be a college, hospital, sanatorium, school or other institution caring for the sick. If the applicant does not fall within these categories, they must make application for a Non-Beverage User's license to purchase alcohol or wine for non-beverage use.

### **WHAT CAN I DO WITH THE ALCOHOL OR WINE THAT IS PURCHASED UNDER THIS PERMIT?**

The alcohol or wine may only be used for scientific, chemical, experimental, mechanical or medicinal purposes. If you are purchasing alcohol or wine as a manufacturing ingredient or for any other reason, you must make application for a Non-Beverage User's license.

### **PURCHASING ALCOHOL OR WINE**

You must provide two copies of your permit to the Distributor, Farm Winery, Manufacturer, Microbrewery or Microdistillery from whom the alcohol or wine is purchased.

### **REPORTING YOUR PURCHASE**

Within 10 days of your purchase, you must return your permit to the ABC and attach a copy of your invoice to the permit.

### **INSTRUCTIONS TO COMPLETE THE NON-BEVERAGE PERMIT APPLICATION AND AGREEMENT (ABC-835):**

1. Applicant Type. Check on box.
2. Section 1. Applicant Information. Complete the information requested. If the mailing address is different from the applicant address, complete the mailing address section also.
3. Section 2. Purchase Information.
  - a. Check one box to indicate the purpose of your purchase.
  - b. Check one box to indicate the license type whom you are purchasing from.
  - c. Check one box to indicate whether you are purchasing from a company that is located in-state or out-of-state.
  - d. Enter the location where the alcohol or wine will be stored.
4. Read the Application Agreement.
5. Sign, date, print your name and enter your title.
6. Return the completed form with payment to the ABC Marketing Unit at the address on the form.

Approved Non-Beverage Permits will be mailed to the address provided.

To obtain Non-Beverage Permit forms and other information, visit our website at: <http://www.ksrevenue.org/abcnonbevuser.html>

You may direct your questions to the Marketing Unit at 785-296-7015 or email to [KDOR\\_ABC.Marketing.Unit@ks.gov](mailto:KDOR_ABC.Marketing.Unit@ks.gov)

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  
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**NON-BEVERAGE PERMIT APPLICATION AND AGREEMENT**

APPLICANT TYPE (check one):  College  Hospital  Sanatorium  School  Other institution caring for the sick

SECTION 1 – APPLICATION INFORMATION:				
Applicant DBA Name		FEIN		
Street Address	City	County	State	Zip Code
Applicant Contact Person	Phone Number	Fax Number	E-mail Address	
Mailing Address (Complete if different than above.)				
Name				
Mailing Address	City	State	Zip Code	

SECTION 2 – PURCHASE INFORMATION:				
PURPOSE (check one): <input type="checkbox"/> Scientific <input type="checkbox"/> Chemical <input type="checkbox"/> Experimental <input type="checkbox"/> Mechanical <input type="checkbox"/> Medicinal				
I/We intend to purchase from a (check one): <input type="checkbox"/> Distributor <input type="checkbox"/> Farm Winery <input type="checkbox"/> Manufacturer <input type="checkbox"/> Microbrewery <input type="checkbox"/> Microdistillery				
The above Distributor, Farm Winery, Manufacturer, Microbrewery or Microdistillery is located (check one): <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State				
Location where alcohol or wine will be stored:				

The above named school, college, hospital, sanatorium or institution caring for the sick, does hereby make application for a Non-Beverage User Permit to purchase alcohol or wine. In making this application, the above named Non-Beverage Permit applicant agrees that they will:

- a. Make a one-time purchase of alcohol or wine only for scientific, chemical, experimental, mechanical or medicinal purposes.
- b. Forward two copies of their Non-Beverage Permit to the Distributor, Farm Winery, Manufacturer, Microbrewery or Microdistillery from whom they are purchasing alcohol or wine.
- c. Not use, serve or sell the alcohol or wine that is purchased under this permit for human consumption.
- d. Attach the invoice to their permit and return it to the ABC within 10 days of receipt of alcohol or wine.
- e. Comply with applicable city and county laws; and, with all the provisions of the Kansas Liquor Control Act, Club and Drinking Establishment Act and the Rules and Regulations promulgated thereunder.
- f. Authorize the Kansas Department of Revenue to send communications to the e-mail address provided on this form.

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

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Printed Title

ABC OFFICE USE ONLY:

<input type="checkbox"/> PERMIT FEE ENCLOSED	Amount \$ _____	Associate: _____	Date _____
<input type="checkbox"/> APPROVED	Date _____	Associate: _____	Permit # _____
<input type="checkbox"/> DENIED	Date _____	Associate: _____	<input type="checkbox"/> Denial Letter Sent Date _____