

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.gov/abc.html

REQUEST FOR TEMPORARY EXTENSION OF PREMISE APPROVAL

Licensee Information

Business DBA Name Ten & Two Coffee Lansing	License Number 12874	
Business Location Street Address 712 1st Terrace	City Lansing	Zip Code 66043
Contact Phone Person Matt Warner	Phone Number 913-547-5223	Email Address matt.warner@anytimefitness.com
Event Date(s) 6/20/2024 and 7/18/24	Event Start Time(s) 5:00pm	Event End Time(s) 10:00pm

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

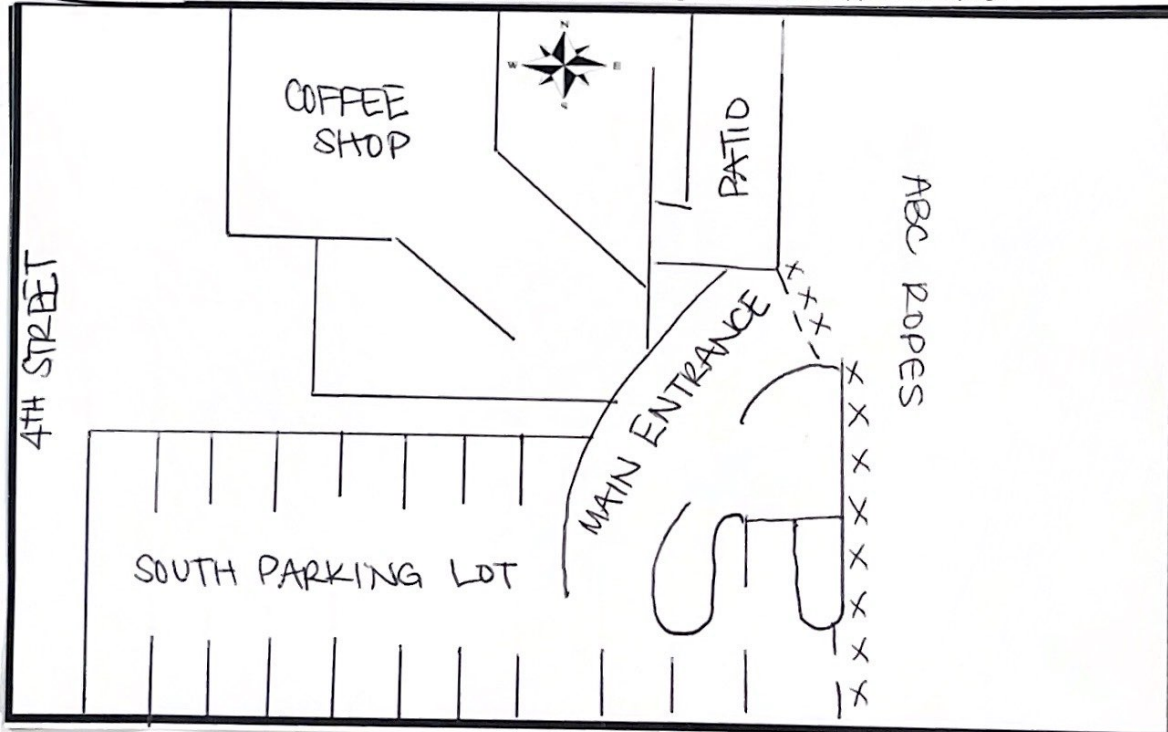
I am extending onto a temporarily permitted premises.
 What is the event name? _____

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 <u>712 1st Terrace</u>		<u>Lansing</u>	<u>66043</u> is:
Location Street Address		City	Zip
(Check one box in each section below)			
CITY LIMITS: <input checked="" type="checkbox"/> Inside the incorporated city limits <input type="checkbox"/> Outside the city limits		<u>Leavenworth</u>	
		County	
CLERK SIGNATURE <u>Tish Sims</u>		<input checked="" type="checkbox"/> City Clerk <input type="checkbox"/> Township Clerk <input type="checkbox"/> County Clerk	
PRINTED NAME <u>TISH SIMS</u>		DATE <u>04/12/2024</u> PHONE <u>913-727-3036</u>	



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.

Matt Warner Matt Warner 4/9/24
Licensee Signature Printed Name Date

ABC Office Use Only <input checked="" type="checkbox"/> DIAGRAM APPROVED AS SUBMITTED <input type="checkbox"/> DIAGRAM DENIED Reason Denied:	Signature of ABC Official <u>Robert L. Holland</u>	Date <u>4/18/24</u>
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