

COMMONWEALTH OF KENTUCKY
Instructions for Obtaining a Kentucky State ABC License

REQUIREMENTS:

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

- STEP 1. You must advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation in the area where the premises to be licensed is located. An officer of the newspaper must complete the affidavit of publication, which is enclosed. The completed affidavit and clipping must be attached to your application.
- STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.
- STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location.
WE MAY NOT ACCEPT CASH BY MAIL OR HAND DELIVERY!!!!!!!
- STEP 4. All applicants are responsible for providing a recent copy (no more than 30 days old) of a **statewide** police criminal background check from all states where you have resided for the past (5) years. Attached are instructions on how to obtain a statewide criminal background check. For Kentucky dial (800) 928-6381 or go to www.courts.ky.gov
- STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation, partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.
- STEP 6. If you own the real estate where you proposed to sell alcoholic beverages, please attach a copy of a valid deed on file with the County Clerk. If you do not own the real estate where you are proposing to sell alcoholic beverages, please provide a copy of a current and fully executed lease. (Land contracts are not acceptable).
- STEP 7. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.
- STEP 8. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.
- STEP 9. Take your application to your local ABC administrator and obtain their signature of approval on your state application. There may be local requirements and fees in addition to this state application you must meet. The longer your state application sits in the local office pending approval the longer it will take the state ABC to process your application. Therefore, it is to your advantage to forward your state application to Frankfort as soon as possible. Visit our web site for a list of the Local Administrator in your area at [http://abc.ky.gov/](http://abc.ky.gov)
- (TIME)** New licenses take the State ABC Office approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a **written request for a refund**. The Office will retain \$50 of your application fee for processing costs.

If you have any questions or need assistance, please contact our Office or visit our web site.

FRANKFORT: Dept. of Alcoholic Beverage Control <http://abc.ky.gov>
1003 Twilight Trail
Frankfort, KY 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax

(FEDERAL You are required to obtain a Federal "Special Occupational Tax" Stamp or a "Federal Basic Permit" from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**).
LICENSE) Forms and instructions are available on line at www.ttb.gov
By e-mail at: ttbtaxstamp@ttb.gov
By mail or in person listed below:

Federal Alcohol and Tobacco Tax and Trade Bureau
National Revenue Center, Suite 8002
550 Main St., Cincinnati, Ohio 45202-5215
(513) 684-3334 Cincinnati number
(1-800-937-8864)

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Ky. 40601

(502) 564-4850 phone
(502) 564-1442 fax

**HOW TO OBTAIN YOUR
STATE CRIMINAL HISTORY INFORMATION GO TO THE TELEPHONE NUMBER OF WEB LINK BELOW**

Alabama 334-353-1172 www.dps.state.al.us/public/abi/cic.asp

Alaska 907-269-5767 www.dps.state.ak.us/statewide/background/index.asp

Arizona 602-223-2222 www.azdps.gov/reports/fingerprint/faq/default.asp

Arkansas 501-618-8500 www.asp.state.ar.us/demo/criminal/help_p2.php#122

California Please contact our office for information.

Colorado 303-239-4208 <https://www.cbirecordscheck.com>

Connecticut 860-685-8480 www.state.ct.us/dps/spbi.htm

Delaware Please contact our office for information.

Florida 850-410-8109 www.fdle.state.fl.us/CriminalHistory/

Georgia 404-986-5000 www.ganet.org/gbi/crimhist.html

Hawaii 808-587-3100 www.hawaii.gov/hcjdc/form.htm

Idaho 208-884-7130 www.isp.state.id.us/identification/crime_history/index.html

Illinois 815-740-5160 www.isp.state.il.us/crime/uciahome.cfm

Indiana 317-233-2010 www.in.gov/ai/hr/verification.html

Iowa 515-281-4776 www.state.ia.us/government/dps/dci/crimhist.htm

Kansas 785-296-6518 www.accesskansas.org/kbi/criminalhistory/

Kentucky 800-928-6381 or 502-573-1682 www.courts.ky.gov Effective January 19, 2010 all applicants that are Kentucky residents are required to obtain and submit their own Kentucky police record/criminal background check from the Kentucky Administrative Office of the Courts (KAOC). Kentucky ABC will no longer be accepting payment for or requesting criminal background checks on behalf of the applicant. Please go to the AOC website for full instructions on obtaining background checks.

<http://www.courts.ky.gov/aoc/AOCFastCheck.htm>

Louisiana 225-925-6095 www.lsp.org/who_support.html#criminal

Maine 207-624-7240 www.informe.org/PCR/

Maryland 888-795-0011 www.dpscs.state.md.us/publicservs/bgchecks.shtml

Massachusetts 617-660-4600 <http://www.mass.gov/chsb/>

Michigan 517-322-1956 www.michigan.gov/ichat

Minnesota 651-793-2400 www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html

Mississippi Please contact our office for information.

Missouri 573-526-6153 www.mshp.dps.missouri.gov

Montana 406-444-3625 www.doj.state.mt.us/enforcement/backgroundchecks.asp

Nebraska 402-471-4545 www.nsp.state.ne.us/findfile.asp?ID=209

Nevada 775-687-1600 www.nvrepository.state.nv.us/

New Hampshire 603-271-2538 www.state.nh.us/safety/nhsp/cr.html#criminal

New Jersey 609-882-2000 ext 2918 www.state.nj.us/lps/njsp/about/serv_chrc.html#background

New Mexico 505-827-9181 www.dps.nm.org/faq/record_request.htm

New York 518-485-7675 www.criminaljustice.state.ny.us/ojis/recordreview.htm

North Carolina www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1

North Dakota 701-328-5510 www.ag.state.nd.us/bci/chr/chr.html

Ohio 740-845-2375 www.webcheck.ag.state.oh.us

Oklahoma 405-848-6742 <http://www.osbi.state.ok.us/PublicServices.htm>

Oregon http://egov.oregon.gov/osp/ID/does/crim_history.pdf

Pennsylvania 717-783-5494 <http://epatch.state.pa.us/Home.jsp>

Rhode Island 401-274-4400 <http://www.riag.ri.gov/criminal/bci.php>

South Carolina 803-737-9000 www.sled.state.sc.us/default.htm

South Dakota 605-773-3331 dci.sd.gov/administration/id/cch.htm

Tennessee 304-625-5590 www.tbi.state.tn.us/divisions/isd_riu_faqs.htm

Texas 512-424-2079 http://records.txdps.state.tx.us/dps_web/APP_PORTAL/index.aspx

Utah 801-965-4445 bci.utah.gov/Records/RecOwnRecord.html

Vermont 802-244-8727 ext 5237 www.dps.state.vt.us/cjs/recordcheck6.html

Virginia <http://www.vsp.state.va.us/cjis.htm>

Washington watch.wsp.wa.gov/

West Virginia Please contact our office for information.

Wisconsin 608-266-5764 www.doj.state.wi.us/dles/cib/crimback.asp#Q9

Wyoming attorneygeneral.state.wy.us/dci/chc.html

**EXAMPLE OF PUBLIC NOTICE
WHEN APPLYING FOR AN ABC LICENSE**

KRS 243.360 requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

**YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:
(Fill in the blanks)**

_____, Mailing address
(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)

_____ Hereby declares intention(s)
(Include Street, City, State and Zip)

to apply for a _____ license(s)
(List **all license types** you are applying for. (Example) **Limited Restaurant Alcoholic Beverage by the Drink,**
Alcoholic Beverage Golf by the Drink, Retail Beer, Restaurant Wine by the Drink, Alcoholic Beverage Caterer, and so on...)

(**Be sure** to refer to your ABC Schedule form for a complete list of all the license types you are making application for.)
no later than _____, The business to be licensed will be
(Enter the date you intend to make application to the State ABC)

located at _____ Kentucky _____.
(List the **EXACT** street address and city where the ABC license is to be issued) (Zip)

doing business as _____
(List the name of your business (D.B.A.))

The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:

_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>

Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Dept. of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)

Forward a clipping of this advertisement along with the Affidavit of Publication to:
Kentucky Dept of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

(502) 564-4850 phone
(502) 564-1442 fax

AFFIDAVIT OF PUBLICATION

**Attesting Publication of Intention to Engage in an
Alcoholic Beverage Business**

GLUE OR
TAPE
CLIPPING
HERE

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before the date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license(s) applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

_____ of _____
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is _____
(Title of Position at Paper)

of the _____ a newspaper printed and published in the
(Name of Newspaper)

State of _____ County of _____, and having a general circulation in the County of

_____, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): _____

Signature of Officer _____

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by

_____ to me personally known, this _____ day of _____ (year) _____

My Commission expires the _____ day of _____ (year) _____

County of _____ Notary Public _____

**THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION FOR
LICENSING.**

HOW TO FIGURE STATE ABC LICENSE FEES (\$)

Revised 01/19/10

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? A full Year Fee A half Year Fee
4. Go to the back page of your application "Schedule" and find the exact dollar (\$) amount to pay.

County Code	Name of County	Full Years Fee	Half Years Fee
1.	Adair	May – October	November – April
2.	Allen	May – October	November – April
3.	Anderson	July – December	January – June
4.	Ballard	January - June	July - December
5.	Barren	May – October	November – April
6.	Bath	May – October	November - April
7.	Bell	June –November	December - May
8.	Boone	October – March	April – September
9.	Bourbon	July – December	January – June
10.	Boyd	July – December	January – June
11.	Boyle	June –November	December - May
12.	Bracken	July – December	January – June
13.	Breathitt	May – October	November - April
14.	Breckinridge	February – July	August - January
15.	Bullitt	February – July	August – January
16.	Butler	February – July	August – January
17.	Caldwell	April-September	October - March
18.	Calloway	April – September	October – March
19.	Campbell	November – April	May – October
20.	Carlisle	April – September	October – March
21.	Carroll	July – December	January – June
22.	Carter	July – December	January – June
23.	Casey	May – October	November – April
24.	Christian	April – September	October - March
25.	Clark	May – October	November – April
26.	Clay	May – October	November – April
27.	Clinton	May – October	November – April
28.	Crittenden	April – September	October – March
29.	Cumberland	April – September	October – March
30.	Daviess	February – July	August – January
31.	Edmonson	March – August	September – Feb.
32.	Elliott	May – October	November – April
33.	Estill	May – October	November – April
34.	Fayette by zip codes	By zip codes	By zip codes
	40501-40505	October - March	April - September
	40506-40509	November - April	May - October
	40510-41906	December - May	June - November
35.	Fleming	May – October	November – April
36.	Floyd	June – November	December – May
37.	Franklin	July – December	January – June
38.	Fulton	April – September	October – March
39.	Gallatin	July – December	January – June
40.	Garrard	June – November	December – May
41.	Grant	December – May	June – November
42.	Graves	April – September	October – March

HOW TO FIGURE STATE ABC LICENSE FEES (\$)

Revised 01/19/10

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? A full Year Fee A half Year Fee
4. Go to the back page of your application "Schedule" and find the exact dollar (\$) amount to pay.

<i>County Code</i>	<i>Name of County</i>	<i>Full Years Fee</i>	<i>Half Years Fee</i>
43.	Grayson	March – August	September - February
44.	Green	March – August	September - February
45.	Greenup	July – December	January - June
46.	Hancock	January – June	July – December
47.	Hardin	February – July	August – January
48.	Harlan	June – November	December – May
49.	Harrison	June – November	December – May
50.	Hart	March – August	September - February
51.	Henderson	March – August	September – February
52.	Henry	July – December	January – June
53.	Hickman	April – September	October – March
54.	Hopkins	May – October	November – April
55.	Jackson	May – October	November – April
56.	Jefferson by zip codes	By Zip Codes	By Zip Codes
	40023	February – July	August - January
	40025 - 40027	March – August	September - March
	40041	June – November	December -May
	40059	March – August	September - January
	40118	April – September	October - March
	40177	April – September	October - March
	40201 - 40202	December – May	June – November
	40203 - 40204	November – April	May –October
	40205	February – July	August – January
	40206	October – March	April - September
	40207 - 40209	June – November	December – May
	40210 - 40212	April – September	October – March
	40213 - 40216	March – August	September –February
	40217 - 40218	February – July	August – January
	40219	March – august	September – February
	40220 - 40242	February – July	August – January
	40243 – 40256	March – August	September – February
	40257	June – November	December – May
	40258	October – March	April – September
	40259	March –August	September – February
	40261 – 40266	December – May	June – November
	40268	October – March	April – September
	40269	March – August	September - February
	40270 – 40289	October – March	April – September
	40290 – 40291	November – April	May – October
	40292	June – November	December – May
	40293 – 40298	November – April	May – October
	40299	March – August	September – February
57.	Jessamine	May – October	November – April
58.	Johnson	June - November	December - May
59.	Kenton	December – May	June – November
60.	Knott	May – October	November - April
61.	Knox	June - November	December - May
62.	Larue	March – August	September - February

HOW TO FIGURE STATE ABC LICENSE FEES (\$)

Revised 01/19/10

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? A full Year Fee A half Year Fee
4. Go to the back page of your application "Schedule" and find the exact dollar (\$) amount to pay.

County Code	Name of County	Full Years Fee	Half Years Fee
63.	Laurel	June - November	December - May
64.	Lawrence	May – October	November – April
65.	Lee	May – October	November – April
66.	Leslie	May – October	November – April
67.	Letcher	June - November	December - May
68.	Lewis	July – December	January – June
69.	Lincoln	May – October	November – April
70.	Livingston	April – September	October – March
71.	Logan	May – October	November – April
72.	Lyon	April – September	October – March
73.	McCracken	April – September	October – March
74.	McCreary	January - June	July - December
75.	Mc Lean	March – August	September - February
76.	Madison	June – November	December – May
77.	Magoffin	June – November	December – May
78.	Marion	May – October	November – April
79.	Marshall	April – September	October – March
80.	Martin	May – October	November – April
81.	Mason	July – December	January – June
82.	Meade	February – July	August – January
83.	Menifee	May – October	November – April
84.	Mercer	May – October	November – April
85.	Metcalfe	April – September	October – March
86.	Monroe	April – September	October - March
87.	Montgomery	June – November	December – May
88.	Morgan	May – October	November – April
89.	Muhlenberg	May – October	November - April
90.	Nelson	May – October	November – April
91.	Nicholas	July – December	January – June
92.	Ohio	March – August	September - February
93.	Oldham	July – December	January – June
94.	Owen	February – July	August – January
95.	Owsley	May – October	November – April
96.	Pendleton	July – December	January – June
97.	Perry	June – November	December - May
98.	Pike	July – December	January – June
99.	Powell	May – October	November – April
100.	Pulaski	June – November	December - May
101.	Robertson	July – December	January – June
102.	Rockcastle	May – October	November – April
103.	Rowan	July – December	January – June
104.	Russell	May – October	November – April
105.	Scott	July – December	January – June
106.	Shelby	July – December	January – June

HOW TO FIGURE STATE ABC LICENSE FEES (\$)

Revised 01/19/10

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? A full Year Fee A half Year Fee
4. Go to the back page of your application "Schedule" and find the exact dollar (\$) amount to pay.

County Code	Name of County	Full Years Fee	Half Years Fee
107.	Simpson	May – October	November - April
108.	Spencer	February – July	August – January
109.	Taylor	May – October	November - April
110.	Todd	May – October	November – April
111.	Trigg	April – September	October – March
112.	Trimble	February – July	August – January
113.	Union	March – August	September - February
114.	Warren	May – October	November - April
115.	Washington	May – October	November – April
116.	Wayne	May – October	November – April
117.	Webster	March – August	September - February
118.	Whitley	June – November	December - May
119.	Wolfe	July – December	January – June
120.	Woodford	July – December	January - June

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax
<http://www.abc.ky.gov>

Site I.D. # _____

“BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES”

Applications may be returned if not all questions are answered completely.

Leave Blank – For ABC Use Only

License # _____ \$ _____ Val. _____ License # _____ \$ _____ Val. _____
 License # _____ \$ _____ Val. _____ License# _____ \$ _____ Val. _____
 Malt Beverage Administrator's Approval _____ Date _____
 Distilled Spirits Administrator's Approval _____ Date _____

(A) 1. Applicant's name(s) or company to be licensed _____
 DBA (Name of Business) _____
 Address of premises to be licensed _____
 City _____ County _____ State _____ 9 digit zip code _____
 Mailing address if different from above _____
 Contact person 8:00 am – 4:30 pm _____ **e-mail address** _____
 Contact phone _____ Fax _____ Premises phone _____
 List all ABC Schedule(s) you have attached _____ Fee enclosed \$ _____

(B) 2. Tax numbers (must be issued in the applicant's name).

Ky. Sales & Use Tax # _____
 Ky. Withholding Tax # _____
 Ky. Corporate Tax # _____
 Federal EIN # _____

(C) 3. List all types of licenses you are applying for _____
4. What Month do you want your license(s) to become effective? _____
5. Describe the type of business you will operate and list how you will sell alcoholic beverages. _____
Check all boxes that apply: **Beer:** By the drink only, By the package only, Both by the drink and package.
Check all boxes that apply: **Wine** **Distilled Spirits:** By the drink only, By the package only, Both by the drink and package.
6. Are you the owner of the real estate where these premises are to be licensed?..... Yes No
 If no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.
 List the name of the owner of the premises real estate _____ Give date lease expires _____

(D) 7. Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.
If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

Please state in section D7 if this is a publicly held company.

- (E) 8. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State?... Yes No
 List the State Incorporated or organized in _____
Attach a copy of your Articles of Incorporation or Articles of Organization.
 If incorporated or organized in another state, attach a Certificate of Authority to do business in Kentucky.
9. Is the entire license fee paid by the applicant and by no other person?..... Yes No
10. Are the premises to be licensed located within an incorporated city or town?..... Yes No
 If yes, list the name of the city or town _____.
11. Have you ever been licensed to sell alcoholic beverages?..... Yes No
 If yes, give the name of the state and license number(s) _____ Yes No
 If in Kentucky, are you transferring this license to a new location?..... Yes No
12. Does anyone named in section D 7 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying?..... Yes No
 If yes, describe the interest(s) _____.
13. Has the applicant or any person named in section D 7 been convicted of any felony in the past five (5) years or been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?..... Yes No
 If yes, **you must attach a statement** giving a full explanation, including date(s) of conviction(s).
14. Has a license been suspended or revoked or denied for the premises to be licensed or any person named in section D7 of this application herein? If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial..... Yes No
15. Are the premises to be licensed and the entrance located on the street level?..... Yes No
 If no, is the business a hotel, club or restaurant?..... Yes No
16. a. Have the premises applied for been licensed to sell alcoholic beverages in the past twelve months?..... Yes No
 b. Are the premises currently licensed?..... Yes No
 c. If yes, give the Kentucky License number (s) _____
 d. Is the license being transferred to you?..... Yes No
 e. Are you acquiring an interest in the existing business?..... Yes No
- If yes, check all the following boxes that apply to you. Inventory Fixtures and Equipment Ownership by purchase of shares
 Ownership by purchase of assets Leases Other _____.

(F) 17. THE SELLER SHOULD COMPLETE THIS SECTION IF QUESTION# 16 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.

I (we), _____ the seller(s) or owner(s) of the business known as _____ (Enter the **exact name(s)** that appears on the current license(s) located at _____ Kentucky, am the holder of a Malt Beverage (beer) Liquor by Drink Liquor by Package _____ (other) license(s). The license number(s) is (are) _____. I hereby represent that I have agreed to convey all license privileges (permitted by law) to _____. I (we) understand that I (we) **may not** relinquish control of the business, (Enter the **exact name(s)** that is applying to become the new licensee) premises, or my interest in the licenses until such time as the buyer's application has been approved by the Office of Alcoholic Beverage Control.

Signature of Seller _____ Title _____ Date _____
 (If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)
 Sworn or affirmed before me on this _____ day of _____, year of _____. My Commission expires _____
 Notary Public _____ County of _____ State of _____
 (Canadian applicants are exempt from this notary requirement)

(G) 18. AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)

I, __ (print your name here) _____, do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I also swear or affirm that no persons listed in Section D-7 of this application are in default of a repayment obligation, such as a student loan repayment, under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA). KRS 164.772.

Signature of Buyer or New Applicant _____ Title _____ Date _____
 Sworn or affirmed before me on this _____ day of _____, year of _____. My Commission expires _____
 Notary Public _____ County of _____ State of _____
 (Canadian applicants are exempt from this notary requirement)

SCHEDULE "L"
**Limited 70% Food Restaurants and Golf Courses Voted
Wet by Special Elections**

Site I.D. #

Leave Blank – For ABC Use Only

License # _____ \$ _____ Validating # _____ License # _____ \$ _____ Validating # _____

Distilled Spirits Administrator's Approval _____ Date _____

Malt Beverage Administrator's Approval _____ Date _____

(A). Applicant's name(s) or company to be licensed _____

D.B.A. (Name of Business) _____

Address of premises to be licensed _____

(B).
1. Are you applying for a **Limited Restaurant Alcoholic Beverage by the Drink License under KRS 242.185(6)**? Yes No

If yes, do you meet the definition outlined in KRS 241.010(26)(a) and the requirements of KRS 242.185(6) by operating a restaurant and dining facility that derives at least 70% of your gross receipts from the sale of food and seat a minimum of **100** persons? Yes No
(Attach copy of your Food Service Permit issued by the Department of Health).

2. Are you applying for a **Limited Restaurant Alcoholic Beverage by the Drink License under KRS 242.1244**? Yes No

If yes, do you meet the definition outlined in KRS 241.010(26) (b) and the requirements of KRS 242.1244 by operating a restaurant and dining facility that derives at least 70% of your gross receipts from the sale of food and seat a minimum of **50** persons? Yes No

3. Are you a Golf Course in a limited wet territory applying for a liquor, wine, and beer by the drink **Golf Alcoholic Beverage License under KRS 242.123**? Yes No

If yes, do you meet the requirements of KRS 242.123 and 242.1232 as 9 and or 18 holes USGA (*United States Golf Association*) regulation golf course? Yes No

4. Are you applying for a **Supplemental Bar License**? Yes No
If yes, under *KRS 243.037 & KRS 241.010(48)* how many additional bars do you wish to license? _____

5. Are you applying for a **Special Sunday Retail Liquor Drink License**? Yes No
(Available under *KRS 244.290* or *244.295.*)

6. Are you applying for a **Caterer's License** at a premise that contains a commissary? Yes No
If yes, attach a copy of your food service permit issued by the local health department required by *KRS 243.033* and *804 KAR 4:310*? Yes No

(C). I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use and or trafficking in alcoholic beverages.

Signature of Applicant _____ **Title** _____ **Date** _____

(D). Your Local ABC Administrator must approve this application before it is forwarded to the State ABC. Take or mail this application and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office.

This certifies that the applicant(s) herein above named have been approved for the types of license applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ **Date** _____
 City of _____ Administrator (or) the County of _____ Administrator

You may now forward this application, all attachments, and your state license fee to:

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
Telephone 502-564-4850
Fax 502-564-1442

<http://www.abc.kv.gov>

TYPES OF LICENSE & FEES

Site I.D. #

Check the boxes for the type(s) of license(s) you are applying for.

To determine the ABC license fee(s), find the license type(s)

In the left column, then move right across the table. A license issued for 6 months or more pays a full year fee and a license issued for less than 6 months pays one-half year fee.

Attach a certified check, cashier check, or a money order.

Make payable to: KENTUCKY STATE TREASURER

NO CASH!

LICENSE TYPE	<u>PREFIX</u>	<input checked="" type="checkbox"/>	FULL YEAR FEE Pay this amount	HALF YEAR FEE Pay this amount
<input type="checkbox"/> LIMITED RESTAURANT ALCOHOLIC BEVERAGE BY THE DRINK LICENSE (100 seats) <i>(liquor / wine / beer) KRS 242.185(5) & 241.020(26)(a)</i>	LR (100) seats	<input type="checkbox"/>	Pay fee for the largest city in the county to be licensed.	Pay fee for the largest city in the county to be licensed.
<input type="checkbox"/> LIMITED RESTAURANT ALCOHOLIC BEVERAGE BY THE DRINK LICENSE (50 seats) <i>(liquor / wine / beer) KRS 242.1244 & 241.010(26)(b)</i>	LR (50) seats	<input type="checkbox"/>	1 st . class city 1,200.00	1 st . class city 600.00
<input type="checkbox"/> LIMITED SUPPLEMENTAL BAR <i>PER BAR How many <input type="checkbox"/> KRS 243.037, 241.010(48) after 5th. license no fees charged, but license is required</i>	LSBL	<input type="checkbox"/>	2 nd . class city 900.00	2 nd . class city 450.00
<input type="checkbox"/> GOLF ALCOHOLIC BEVERAGE LICENSE <i>(liquor / wine/ beer by the drink only) KRS 242.123, 242.1232</i>	GOLF	<input type="checkbox"/>	3 rd . class city 800.00	3 rd . class city 400.00
<input type="checkbox"/> GOLF SUPPLEMENTAL BAR <i>KRS 243.037, 241.010(48)</i> <i>PER BAR How many <input type="checkbox"/> after 5th. license no fees charged, but license is required.</i>	GSBL	<input type="checkbox"/>	All others 700.00	All others 350.00
<input type="checkbox"/> SPECIAL SUNDAY RETAIL DRINK LICENSE <i>KRS 244.290 or KRS 244.295</i>	LLS	<input type="checkbox"/>	500.00	250.00
<input type="checkbox"/> CATERER'S LICENSE <i>KRS 243.033, 804 KAR 4:310</i>	CL	<input type="checkbox"/>	800.00	400.00
TOTAL				

KRS 243.360 requires an applicant to **first advertise** their intention to apply for these licenses in the newspaper please use the attached example to assist you with this requirement. (If you are currently licensed and only adding a Sunday or a supplemental bar license to your premises you are not required to run this advertisement.)

Place your advertisement **once** in the **legal section** of the newspaper having the **largest circulation** for the **county** where your premises will be located. KRS 424.120 and 424.130(1)(b) describes a qualified newspaper.

After your advertisement has appeared in the paper, obtain a clipping from the paper and attach the Affidavit of Publication to your ABC application. The **Affidavit of Publication** is enclosed and should be completed by an official of the newspaper where the advertisement appeared.

CHECK LIST

1. **We do not accept CASH!** Have you attached a certified check, cashier check or money order, payable to: Ky. State Treasurer for your License fees? Yes No
2. Have you answered each question fully and checked the type(s) of license(s) you are applying for? Yes No
3. Have you signed your application(s) and had your signature notarized? Yes No
4. If you are applying for a caterer's license have you attached your food service permit issued by your local health Dept. Yes No
5. Have you secured the signature of approval from your local ABC Administrator on this application? Yes No N/A
6. Have you attached a certified copy of your newspaper advertisement for this license? Yes No N/A
7. Have you attached articles of incorporation, partnership papers, or other organizational papers? Yes No N/A
8. Have you attached a signed copy of your lease that does not expire before your license expires? Yes No N/A
9. If you are applying as a restaurant, have you attached a certificate of documentation of seating capacity by the Fire Marshal's office or its equivalent? Yes No N/A
10. Have you enclosed your criminal background checks from the state(s) you have resided for the past five (5) years? Yes No

KY ABC-Remittance Form
January 19, 2010

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Tr.
Frankfort, Ky. 40601-8400
<http://abc.ky.gov/>

(502) 564-4850 Phone
(502) 564-1442 Fax

If you are making payment with a credit card or by EFT please provide the following information.

Print Name (as it appears on credit card) _____ Telephone No. _____

Billing Address _____

Account Number _____ Expiration Date (Month and Year) _____

Check your method of payment

AMOUNT \$ _____

Visa

MasterCard

Discover

EFT (Bank Name) _____, (Routing #) | : _ _ _ _ _ | : (Checking Account #) _ _ _ _ _ | :

Reason for your payment

ABC Licensing STAR Training ABC Fine Tobacco Fine Open Records Request

Credit or apply this payment to: (Name) _____ (DBA) _____

Site I.D.# _____ . License # _____ (Phone) (_____) _____ - _____ .