



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

City of Calvert City, Kentucky
 861 E. 5th Avenue, P.O. Box 36
 Calvert City, Kentucky 42029

SECTION ONE

1. Applicant's Name: _____
 (Owner and or Operator name)

d/b/a: _____

Premises Address: Street: _____

City: _____ Zip: _____

Mailing Address (if different from above): Street _____ Suite _____

P.O. Box _____ City _____ State _____ Zip _____

Contact Person _____ e-mail _____

Phone _____ Fax _____ Bus. Phone _____

Is applicant a resident of Calvert City? YES NO If Yes, date established _____

Is applicant a Kentucky resident? YES NO If Yes, date established _____

SECTION TWO

2. 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. Show 100% of the ownership. Make an attachment if additional space is needed. If you are operating under a management agreement, please enclose a copy of agreement.

Is this a publicly held company: YES NO

Name and Home Address	Phone Numbers H-Home/ W-Work/ F- Fax/ C-Cell	SSN/EIN	Title	USA Citizen	DOB	List State(s) (Abv.) of Residence Past 5 Yrs.			% of Own- ership
	H W			<input type="checkbox"/> YES					
	F C			<input type="checkbox"/> NO					
	H W			<input type="checkbox"/> YES					
	F C			<input type="checkbox"/> NO					
	H W			<input type="checkbox"/> YES					
	F C			<input type="checkbox"/> NO					



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SECTION THREE

3. Is the applicant the owner of the property where the premises are to be licensed? YES NO

If yes, **attach** a copy of the deed.

If No, **attach** a signed copy of the lease agreement for the premises for the duration of the license.

Owner of Premises Name: _____

Address of Premises Owner: _____

City: _____ State: _____ ZIP _____

Contact Number for Premises Owner: _____

Term of Lease: _____ Years From _____ To _____

4. Will you operate under a Management Agreement? YES NO

Resident Manager: Name: _____ Soc. Sec. # _____

Business Telephone Number: _____

5. Is the applicant a corporation, limited partnership or a limited liability company YES NO

If Yes, Identify the State in which it is incorporated or organized: _____

Attach a copy of the Articles of Incorporation, Organization or Certificate of Authority to conduct business in Kentucky.

6. Is any business proprietor, partner, owner, officer, director, managing member, member, shareholder or other person interested in the license (business) for which applied **NOT** a U.S. Citizen YES NO

If yes, a copy of the individuals non-U.S. Citizen's Social Security Card and government issued photo ID with alien ID number or Federal Employee Identification number (EIN) of the applicant must be **attached**.

7. Is the entire license fee paid by the applicant? YES NO

8. Source of funding

9. Has the applicant or any person listed in Section Two ever held any type of alcoholic beverage licenses?

YES NO

If yes, list State and license number(s) _____

Is this license being transferred to a new location? YES NO

10. Does the applicant or any person listed in Section Two have any interest in any alcoholic beverage business or in the premises of any alcoholic beverage business other than that for which the applicant is applying?

YES NO

If Yes, **attach** a statement identifying the person(s) and describing the interest(s). **Attach** additional pages if needed.



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SECTION THREE (cont.)

11. Has the applicant or any person named in Section Two 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 in the past two (2) years?

YES NO

If Yes, **attach** a statement identifying the person(s) convicted and the date(s) and type(s) of conviction(s).

12. Has there ever been a suspension, denial, or revocation of any alcoholic beverage license held by the applicant or by any person named in Section Two of this application?

YES NO

If Yes, **attach** a statement giving a full explanation, including date(s) of suspension, denial or revocation.

13. Were the premises licensed to sell alcoholic beverages at any time during the past twelve months?

YES NO

14. Are the premises currently licensed?

YES NO

If Yes, give the Kentucky and or Calvert City license number(s)

15. Are the rights of an existing Quota Retail Package License being transferred?

YES NO

16. Is the applicant applying for a new Quota Retail Package License?

YES NO

17. Is the applicant acquiring an interest in the existing business?

YES NO

If Yes, check all that apply:

Ownership of purchased assets Ownership by purchase of shares

Inventory Lease Fixtures & Equipment Other

18. Does the existing business owe taxes or any tax returns?

YES NO

19. Will gasoline or lubricating oil be sold or work be done on motor vehicles?

YES NO

20. What precautions and measures do you propose for the premises to be licensed in order to discourage unlawful activity and to promote the safety, health and welfare of the general public utilizing the licensed premises, included but not limited to lighting of parking areas? (**Attach** additional page(s) if necessary)



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SECTION FOUR

21. Check one: **New License Application** **Renewal Application**

If New License application, list desired opening date: _____

If Renewal Application, list your State License Numbers below:

22. Fees:

License Type: _____	\$ _____
License Type: _____	\$ _____
License Type: _____	\$ _____
License Type: _____	\$ _____
Application fee (\$50.00 Non-refundable)	\$ _____
Total City ABC Fees Remitted:	\$ _____

- Attach a copy of the Lake News newspaper advertisement and a completed publication affidavit of your Notice of Intent.
- Applicants shall attach copies of statewide police criminal background checks, not more than 30 days old, from all states where they resided during the past five (5) years.
- Payments: certified check, cashier's check or money order made payable to: CITY OF CALVERT CITY

LICENSE TYPE

FULL YEAR FEE*
Feb 1 – Jan 31

HALF YEAR FEE
Aug 1 – Jan 31

Malt Beverage License Fees

<input type="checkbox"/>	NON QUOTA RETAIL MALT BEVERAGE PACKAGE LICENSE	200.00	100.00
<input type="checkbox"/>	NON QUOTA TYPE 4 RETAIL MALT BEVERAGE DRINK LICENSE	200.00	100.00
<input type="checkbox"/>	MICRO BREWERY LICENSE	500.00	250.00
<input type="checkbox"/>	BREWER'S LICENSE	500.00	250.00
<input type="checkbox"/>	MALT BEVERAGE DISTRIBUTOR'S LICENSE	400.00	200.00



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<input type="checkbox"/>	MALT BEVERAGE BREW-ON-PREMISES LICENSE	100.00	50.00
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LICENSE TYPE		FULL YEAR FEE* Feb 1 – Jan 31	HALF YEAR FEE Aug 1 – Jan 31
Distilled Spirits & Wine License Fees			
<input type="checkbox"/>	QUOTA RETAIL PACKAGE LICENSE	1,000.00	500.00
<input type="checkbox"/>	NON-QUOTA TYPE 1 RETAIL DRINK LICENSE (Convention Center)	2,000.00	1,000.00
<input type="checkbox"/>	NON-QUOTA TYPE 2 RETAIL DRINK LICENSE (Restaurants)	1,000.00	500.00
<input type="checkbox"/>	NON-QUOTA TYPE 3 RETAIL DRINK LICENSE (Special Private Club)	300.00	150.00
<input type="checkbox"/>	SPECIAL SUNDAY SALE RETAIL DRINK	300.00	150.00
<input type="checkbox"/>	EXTENDED HOURS SUPPLIMENTAL LICENSE	2,000.00	1,000.00
<input type="checkbox"/>	LIMITED RESTAURANT LICENSE	1,200.00	600.00
<input type="checkbox"/>	LIMITED GOLF COURSE	1,200.00	600.00
<input type="checkbox"/>	CATERER'S LICENSE	800.00	400.00
<input type="checkbox"/>	BOTTLING HOUSE OR BOTTLING HOUSE STORAGE	1,000.00	500.00
<input type="checkbox"/>	DISTILLER'S LICENSE	500.00	250.00
<input type="checkbox"/>	RECTIFIER'S LICENSE	3,000.00	1,500.00
<input type="checkbox"/>	WHOLESALE'S DISTILLED SPIRITS & WINE LICENSE	3,000.00	1,500.00
<input type="checkbox"/>	DISTILLED SPIRITS & WINE SPECIAL TEMPORARY AUCTION LICENSE	200.00	PER EVENT
<input type="checkbox"/>	SPECIAL TEMPORARY LICENSE	166.66	PER EVENT



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SECTION FOUR (cont)

The holder of a non-quota retail malt beverage package license may obtain a non-quota type 4 malt beverage drink license for a fee of fifty dollars (\$50). The holder of a non-quota type 4 malt beverage drink license may obtain a non-quota retail



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malt beverage package license for a fee of fifty dollars (\$50)

The fee for each of the first five (5) supplemental bar licenses shall be the same as the fee for the primary drink license. There is no charge for each supplemental license issued in excess of five (5) to the same

The yearly license term is from February 1 to January 31. Renewals must be received a minimum of 15 days prior to end of yearly license term.

*If the license period applied for is less than 12 months, but more than 6 months the license fee is pro-rated. Contact the City ABC Administrator for the appropriate license fee.

SECTION FIVE

23. Describe in detail the type of business and how alcoholic beverages will be sold: _____

If applicable, how will Malt Beverages be sold at the business: Drink Package Both Drink & Package

If applicable, how will Wine & Distilled Spirits be sold at the business: Drink Package Both Drink & Package

SECTION SIX

Applying for a “Quota Retail Package License” Complete this Section

24. Does the premise meet all of the requirements specified by Kentucky Revised Statutes and Calvert City Ordinances? YES NO

25. Are you applying for a NQ Retail Malt Beverage Package License? YES NO

26. Are you applying for a Sampling License? YES NO

27. Are you applying for a NQ-4 Retail Malt Beverage Drink License? YES NO

28. Are the premises to be licensed located within the Calvert City corporate limits? YES NO

SECTION SEVEN

Applying for a

NQ Retail Malt Beverage Package or NQ-4 Retail Malt Beverage Drink License



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Complete this Section

29. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances? YES NO
30. Check all that apply:
 NQ Retail Malt Beverage Package License NQ-4 Retail Malt Beverage Drink License
31. Do you plan to sell growlers? YES NO
32. Do you plan to sell by the keg YES NO
33. Do you sell or plan to sell marine fuel? YES NO
34. If you checked NQ-4 Retail Malt Beverage Drink License, describe the nature of your business:

SECTION EIGHT

Applying for a

NQ-1 Retail Drink License

Complete this Section

35. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances? YES NO
36. Is the applicant applying for an Extended Hours Supplemental License? YES NO
37. Applicant qualifies for NQ-1 Retail Drink License as a:
- Convention Center(capacity 1000 persons)
 - State Park (9 or 18 hole golf course, or full service dining room with or without 9 or 18 hole golf course)
 - Horse racetrack (Premises located at a track licensed by the Kentucky Racing Commission KRS 243.265)
 - Automobile racetrack (Premises seating capacity of 30,000 persons)

SECTION EIGHT (cont.)

- Commercial Railroad Company (selling alcohol to passengers on a scheduled or chartered trip)



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Commercial Airline Company (selling alcohol to passengers on a scheduled or chartered trip)

38. If a horse racetrack, **attach** a copy of its racing license issued by the Kentucky Racing Commission

39. If an airline or rail system, **attach** a copy of the listing of the air or rail terminals used and the locations of the storage areas.

40. If a state park, please select all that apply: 9-hole golf course

18-hole golf course

Full service Lodge and Dining Facility

SECTION NINE

Applying for a

NQ-2 Retail Drink License

Complete this Section

41. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances?

YES NO

42. Is the applicant applying for a Special Sunday Retail Drink License?

YES NO

43. Applicant qualifies for NQ-2 Retail Drink License as a:

Restaurant w/50 seats/50%gafs

Motel/Hotel 50 units/50 seats/50%gafs/25,000sqft of parking

(gafs –gross annual food sales)

44. Is the applicant applying for a Supplemental Bar License?

YES NO

If yes, how many? _____

45. Is the applicant applying for a Sampling License?

YES NO

46. If a Motel or Hotel, is the applicant applying for a Hotel In-Room License?

YES NO

SECTION TEN

Applying for a



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NQ-3 Retail Drink License

Complete this Section

47. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances? YES NO

48. Does the applicant qualify as a Private Club Dining Car

If a Private Club, **attach** documentary evidence of applicant's non-profit status and a statement that a club room(s) or all rooms of the premises have been maintained for at least one (1) year from which the public has been excluded.

49. Is the applicant applying for a Supplemental Bar License? YES NO

If yes, how many? _____

50. Is the applicant applying for a Special Sunday Retail Drink License? YES NO

SECTION ELEVEN

Applying for a

Limited Restaurant License

Complete this Section

52. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances? YES NO

53. Does the applicant meet the requirements of the Limited Restaurant License by

100 seats & 70% Gross annual food sales receipts 50 seats & 70% Gross annual food sales receipts

54. Is the applicant applying for a Supplemental Bar License? YES NO

If yes, how many? _____

Is the applicant applying for a Special Sunday Retail Drink License? YES NO

SECTION TWELVE

Applying for a

Limited Golf Course License



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Complete this Section

55. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances? YES NO
56. Is the applicant applying for a Supplemental Bar License? YES NO
If yes, how many? _____
57. Is the applicant applying for a Special Sunday Retail Drink License? YES NO

SECTION THIRTEEN

Applying for a

Caterer's License

Complete this Section

58. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances? YES NO
Attach a copy of the applicant's Federal Basic Permit
59. Does the proposed premise contain a commissary? YES NO
Attach a copy of the Marshall County Health Department Food Service Permit
60. Is the applicant applying for a Supplemental Bar License? YES NO
If yes, how many? _____
- Is the applicant applying for a Special Sunday Retail Drink License? YES NO

SECTION FOURTEEN

Applying for a

Distiller's, Rectifier's or Winery License

Complete this Section

61. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances? YES NO

SECTION FOURTEEN (cont.)

Attach a copy of the applicant's Federal Basic Permit



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If applying for a storage license, complete Section Eighteen

62. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances? YES NO

63. The applicant is applying for the following license:

Distiller's Class A (>50,000 gallons annually) Distiller's Class B (<50,000 gallons annually)

Rectifier Winery

Attach a copy of the applicant's Federal Basic Permit

64. If qualifying as a Distiller, is the applicant applying for a Sampling License? YES NO

SECTION FIFTEEN

Applying for a

Brewer's License

Complete this Section

65. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances?

YES NO

Attach a copy of the applicant's Federal Basic Permit

If applying for a storage license, complete **Section Eighteen**

SECTION SIXTEEN

Applying for a

Microbrewery License

Complete this Section

66. Does the premises meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances?

YES NO

Attach a copy of the applicant's Federal Basic Permit

If applying for a storage license, complete **Section Eighteen**

SECTION SEVENTEEN

Applying for a

Wholesaler's or Distributor's License



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Complete this Section

67. Does the premises meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances?

YES NO

Attach a copy of the applicant's Federal Basic Permit

If applying for a storage license, complete **Section Eighteen**

SECTION EIGHTEEN

Applying for a

Bottling House/ Bottling House Storage License

Complete this Section

68. Does the premise meet all of the requirements of Kentucky Revised Statutes and Calvert City Ordinances?

YES NO

69. If a Retailer, Distributor or Brewer applying for a Malt Beverage Storage License, state the applicant's:

Kentucky Department of Alcoholic Beverage Control Number: _____

Address of Licensed Premises: _____

Calvert City Alcoholic Beverage Control Number: _____

Address of Licensed Premises: _____

70. If applying for a Distilled Spirits/Wine Storage License or Bottling House Storage License as a supplemental license, state the applicant's primary Kentucky Department of Alcoholic Beverage Control license number and address of the licensed premises:

Kentucky Department of Alcoholic Beverage Control Number: _____

Address of Licensed Premises: _____

71. If applying for a Distilled Spirits/Wine Storage License, state the applicant's intended use:

SECTION NINETEEN

If Section Three (3) was answered "YES" or if a License is being transferred the seller must complete this Section.



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I (We), _____ hereby swear and affirm that I am the owner or
 (print full name)

authorized officer of _____ that holds the following state license(s), the numbers
 (name of business)

of which are given here: _____. The business is located at: _____
 (business address)

_____. My contact information is: _____,
 (street address)

_____, _____, _____, _____, _____
 (City) (County) (ST) (ZIP) (Phone Number)

_____, _____, _____
 (Alternate Phone) (Fax Number) (email address)

I (We) hereby surrender said license(s) and in doing so relinquish all rights and claims thereto and all privileges hereunder. I understand that if a license transfer is not approved, said license surrender shall be null and void and the license shall remain in the seller's name.

Signature of Seller _____ **Title** _____ **Date** _____
 (if a partnership, all partners must sign, if a corporation, only one officer must sign)

COMMONWEALTH OF KENTUCKY

COUNTY OF _____

Subscribed and sworn before me this the _____ day of _____, 20_____ by

_____. Known by me to be the _____ of

_____.

 NOTARY PUBLIC

My Commission Expires: _____

SECTION TWENTY

Affidavit of Applicant for ABC License(s)



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I, _____, do hereby solemnly swear or affirm that I am aware that my state application is incorporated and made a part of this application, and that the answers contained therein plus the questions responded to above are true and correct to the best of my knowledge, information and belief. I further understand that Section 8(B) of Ordinance No. 2015-11 (as amended from time to time) of the City of Calvert City, Kentucky, authorizes the City Alcoholic Beverage Control Administrator or Assistant Alcohol Beverage control administrator, along with any authorized law enforcement officer, to inspect any licensed premises and otherwise enforce the provisions of the Ordinance and law of the Commonwealth, and I expressly consent to such inspections and enforcement. I further understand that any license(s) issued pursuant to this application do not constitute a property or vested right and I understand that such license(s) may be suspended or revoked at any time pursuant to law.

Signature of Applicant: _____ **Date of Application:** _____

Applicant's Title: _____

COMMONWEALTH OF KENTUCKY

COUNTY OF _____

Subscribed and sworn before me this the _____ day of _____, 20_____ by

_____. Known by me to be the _____ of

_____.

NOTARY PUBLIC

My Commission Expires: _____

End of Application

**For Official Use Only
(Do not write in this space)**

Certified Copy of Newspaper Advertisement:

YES NO



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Valid copy of deed or lease:

YES NO

Copy of criminal background check (States of residence last 5 years)

YES NO

Applicable Zoning Compliance Permit(s)

YES NO

Approved: YES NO _____ Date: _____

Calvert City Alcoholic Beverage Control Administrator

Reason for Denial: _____
