

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.

STEP 4. Kentucky residents must submit the appropriate fee **payable to: Kentucky State Treasurer** for the Administrative Office of the Courts to obtain a statewide Kentucky police record check. The cost is \$10.00 per person and a record check must be conducted on all persons listed in the Basic Application under Section D-5. You may submit one (1) check for all backgrounds provided this check is separate from your check for licensing fees. Non-residents are responsible for providing a **statewide** police record check from their state(s) of residence for the past five (5) years. If you have not lived in Kentucky for five (5) years, you must submit a statewide police record check from the state(s) previously resided in for those years along with your fee for Kentucky background checks.

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 do not own the real estate where you will sell alcohol, attach a signed copy of your lease. All lease agreements must run through the full period of your license.

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.
(LOCAL LICENSING): 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 to process your application. Therefore, it is to your advantage to forward your state application to Frankfort as soon as possible.

(TIME) New licenses take the State 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.

<http://abc.ppr.ky.gov>

FRANKFORT: Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, KY 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax

NOTE: You are required to obtain a Federal Special "**Occupational Tax**" License from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**) for \$250 per year. You must contact their office to obtain an application form and information about your federal permit:

Alcohol and Tobacco Tax and Trade Bureau, Telephone Number (513) 684-3334
National Revenue Center
550 Main St., Cincinnati, Ohio 45202-3263

TYPE OF LIQUOR AND WINE LICENSES AVAILABLE BY AREAS

Areas that qualify to hold Limited Restaurant Liquor/Wine/Beer by the Drink with 70% food sales by election under KRS 242.185(6)

City of Burnside in Pulaski Co.
City of Calvert City in Marshall Co.
City of Corbin in Whitley & Knox Counties
City of Corinth in Grant Co.
City of Danville in Boyle Co.
City of Elizabethtown in Hardin Co.
City of Franklin in Simpson Co.
City of Georgetown in Scott Co.
City of Guthrie in Todd Co.
City of Harrodsburg in Mercer Co.
City of Kuttawa in Lyon Co.
City of London in Laurel Co.
City of Mayfield in Graves Co.
City of Murray in Calloway Co.
City of Radcliff in Hardin Co.
City of Williamstown in Grant Co.

County of Oldham
County of Shelby

Premises that qualify to hold Golf Course Liquor/Wine/Beer by the Drink Licenses by local option elections in dry counties.

Located in the County of:

Boyle County
Boyle County
Calloway County (City of Murray)
Graves County (City of Mayfield)
Hardin County
Jessamine County
Madison County
Madison County
Oldham County
Scott County
Scott County
Shelby County
Union County

(Name of the Golf Club)

Danville Country Club
Old Bridge Golf Club
Murray Golf Course
Mayfield Golf & Country Club
Pine Valley Golf Course
Champions Golf Course in Nicholasville
Arlington Golf Course
The Bull at Boone's Trace Golf Course
Harmony Landing Country Club
Canewood Golf Course
Longview Golf Course
Persimmon Ridge Golf Course
Breckinridge Golf Course

Premises that qualify to hold Farm or Small Winery Licenses by local option elections in dry counties.

Located in the County of:

Boyle County
Henry County
Caldwell County
Jessamine County
Letcher County
Madison County
Pulaski County
Scott County
Scott County
Washington County
Washington County
Washington County

(Name of the Winery)

Old Crow Inn Winery also known as Chateau DuView Corbeau
Smith-Berry Vineyard
Black Oak Vineyards & Winery
Chrisman Mill Vineyards
Highland Winery
Acres of Land Winery
Sinking Valley Vineyards
Amerson Farm Orchard
Ky. Elder Ridge Winery
Rolling Hills Vineyards
Simple Pleasures Wines
Long Lick Farm Winery

All other applicants use this table		
COUNTY WHERE PREMISES ARE LOCATED	PAY FULL YEAR FEE For licenses issued between	PAY HALF YEAR FEE For licenses issued between
Anderson	July – December	January – June
Boone	October – March	April – September
Bourbon	July – December	January – June
Boyd	July – December	January – June
Boyle	June – November	December – May
Bracken	July – December	January – June
Bullitt	February – July	August – January
Caldwell	April – September	October – March
Calloway	April – September	October – March
Campbell	November – April	May – October
Carroll	July – December	January – June
Christian	April – September	October – March
Clark	May – October	November – April
Daviess	February – July	August – January
Floyd	June – November	December – May
Franklin	July – December	January – June
Fulton	April – September	October – March
Gallatin	July – December	January – June
Grant	December – May	June – November
Graves	April – September	October – March
Hardin	February – July	August – January
Harlan	June – November	December – May
Harrison	June – November	December – May
Henderson	March – August	September – February
Henry	July – December	January – June
Hopkins	May – October	November – April
Jessamine	May – October	November – April
Kenton	December – May	June – November
Knox	June – November	December – May
Laurel	June – November	December – May
Letcher	June – November	December – May
Lewis	July – December	January – June
Logan	May – October	November – April
Lyon	April – September	October – March
Madison	June – November	December – May
Magoffin	June – November	December – May
Marion	May – October	November – April
Marshall	April – September	October – March
Mason	July – December	January – June
McCracken	April – September	October – March
Meade	February – July	August – January
Mercer	May – October	November – April
Montgomery	June – November	December – May
Muhlenberg	May – October	November – April
Nelson	May – October	November – April
Nicholas	July – December	January – June
Oldham	July – December	January – June
Pendleton	July – December	January – June
Perry	June – November	December – May
Pike	July – December	January – June
Pulaski	June – November	December – May
Rowan	July – December	January – June
Scott	July – December	January – June
Shelby	July – December	January – June
Simpson	May – October	November – April
Todd	May – October	November – April
Union	March – August	September – February
Warren	May – October	November – April
Washington	May – October	November – April
Whitley	June – November	December – May
Wolfe	July – December	January – June
Woodford	July – December	January – June

Fayette County (Lexington Ky.) Applicants use this table

Fayette County Zip Code of Premises	PAY FULL YEAR FEE For licenses issued between	PAY HALF YEAR FEE For licenses issued between
40501 to 40505	October – March	April – September
40506 to 40509	November – April	May – October
40510 to 41906	December – May	June - November

Jefferson County (Louisville, Ky.) Applicants use this table

Jefferson County Zip code of Premises	PAY FULL YEAR FEE For licenses issued between	PAY HALF YEAR FEE For licenses issued between
40023	February – July	August – January
40025 to 40027	March – August	September – February
40041	June – November	December – May
40059	March – August	September – February
40118	April – September	October – March
40177	April – September	October – March
40201 to 40202	December – May	June – November
40203 to 40204	November – April	May – October
40205	February – July	August – January
40206	October – March	April – September
40207	June – November	December - May
40208 to 40209	June – November	December – May
40210 to 40212	April – September	October – March
40213 to 40216	March – August	September – February
40217 to 40218	February – July	August – January
40219	March – August	September – February
40220 to 40242	February – July	August – January
40243 to 40251	March – August	September – February
40252	March – August	September – February
40253 to 40256	March – August	September – February
40257	June – November	December - May
40258	October – March	April – September
40259	March – August	September – February
40261 to 40266	December – May	June –November
40268	October – March	April – September
40269	March – August	September – February
40270 to 40289	October – March	April – September
40290 to 40291	November – April	May – October
40292	June – November	December – May
40293 to 40298	November – April	May – October
40299	March – August	September – February

**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) Retail Beer, Motel Liquor by the Drink, Alcoholic Beverage Private Club by the Drink, Alcoholic Beverage Riverboat by the Drink, Alcoholic Beverage Caterer's, Alcoholic Beverage Rail and Air System License, 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 _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____

Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department 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 Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax

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

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

GLUE OR
TAPE
CLIPPING
HERE

AFFIDAVIT OF PUBLICATION

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

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.**

LEASE AGREEMENT

I, (We) _____,
hereby agree to lease to _____,
the premises located at _____,
_____,
in _____ County, Kentucky.

The said lease shall be for a term of _____,
beginning _____ and ending _____.

The rent shall be payable at a rate of _____.

I understand and agree upon, that the premises herein named shall be used
for lawful purposes only.

Lessor X _____

Lessor X _____

Lessee X _____

Lessee X _____

Subscribed and sworn to before me, a Notary Public, on this the _____
day of _____, 20_____, by the above Lessor and
Lessee.

Notary Public _____

My commission expires _____.

COMMONWEALTH OF KENTUCKY
OFFICE OF ALCOHOLIC BEVERAGE CONTROL

Site I.D. #

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502.564.4850 phone
502.564.1442 fax

“BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES”

Applications may be returned if all questions are not 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 _____ Enter amount of fee enclosed \$ _____

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

Failure to provide the number or a discrepancies in the name the numbers are issued will prevent this application from being processed.

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 that apply: Beer: By the drink only, By the package only, Both by the drink and package.

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, which shows the filing date with the Kentucky Secretary of State's Office.
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) _____
 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 ITEM # 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
 (Enter the **exact name(s)** that appears on the current license(s))
 as _____ 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, _____ (Buyer or New Applicant), 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 Office of Alcoholic
 Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I will abide by all state and local statutes, regulations, and ordinances
 relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

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 "S/R"
SPECIAL RETAIL SALES LICENSES

Site I.D. #

LEAVE BLANK-FOR ABC USE ONLY

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

Malt Beverage Administrator's Approval _____ Date _____

Distilled Spirits 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 **Retail Malt Beverage Beer License**? Yes No
 - a. If yes, under KRS 243.280 are your premises selling gasoline, oil, or servicing motor vehicles? Yes No
 - b. If yes, do you maintain an inventory not less than \$5,000 of food, groceries, and related Products valued at cost? Yes No
 2. Are you applying for a **Motel Liquor Drink License**?..... Yes No
If yes, under 804 KAR 9:010(2) does the motel/hotel have at least 50 sleeping rooms, 25,000 square feet of parking, maintain a restaurant that has seating for at least 100 persons for dining, and receives at least 50% of its gross annual income from the sale of food? Yes No
 - 2a. Are you applying for a **Retailer's Liquor Drink Sampling License**? Yes No
If yes, KRS 244.050(2) requires you to hold an active Kentucky Motel Liquor by the Drink License.
List your Kentucky Motel Liquor by the Drink License Number at the Sampling Location. _____
 3. Are you applying for a **In Room Hotel Bar License**?..... Yes No
If yes, under KRS 243.055 do you currently hold a Kentucky license to sell liquor by the drink?..... Yes No
If yes, what is your Kentucky Liquor License Number? _____
 4. Are you applying for a **Private Club License**? Yes No
If yes, under KRS 243.270 is your organization a non-profit charitable, civic, social, fraternal, or political club, which has maintained a room from which the general public has been excluded for at least one year?..... Yes No
Attach a copy of your corporate charter, which has been registered with the Kentucky Secretary Of State's Office.
 5. Are you applying for a **Riverboat License** that has a capacity to carry 100 or more passengers?..... Yes No
If yes, under 804 KAR 4:220 have you attached a copy of your license from the United States Coast Guard?..... Yes No
Give the address of your homeport. _____
 6. Are you applying for a **Caterer's License** at premises that contains a commissary?..... Yes No
If yes, under KRS 243.033 and 804 KAR 4:310 have you attached a copy of your food service permit issued by the local health department?..... Yes No
 7. Are you applying for a **Rail & Air Systems License** as a commercial airlines system or a railroad company who sells alcohol to passengers upon regularly scheduled or chartered trips?..... Yes No
If yes, under KRS 243.050(1) and 243.300(3) have you attached a copy of the air or rail terminals used and the locations of storage areas?..... Yes No
 8. Are you applying for a **Dining Car Beer** and or a **Dining Car Liquor License** as a railroad or a Pullman car company who sells alcohol by the package and or the drink on a train under KRS 243.300?..... Yes No
 9. Are you applying for a **Supplemental Liquor Bar License**?..... Yes No
If yes, under KRS 243.037 and 241.010(49) how many additional bars do you wish to license? _____
 10. Are you applying for a **Sunday Liquor by the Drink License**?..... Yes No
If yes, under KRS 244.290 check which license type you will qualify to hold.
 a **Sunday Drink** (available only to holders of liquor drink licenses in Kenton & Campbell Counties.)
 a **Limited Sunday Drink** (available only to restaurants seating at least 100 persons for dining and receive at least 50% of its gross annual income from the sale of food and hold a liquor license located in Daviess, Fayette or Jefferson Counties or Franklin Co. area only (outside their city limits), or the cities of Augusta, Bardstown, Bowling Green, Florence, Maysville, Morehead, Oak Grove, Owensboro or Shelbyville.)
 a **Retail Sunday Drink** (available only to holders of a retail liquor drink (LD) or private club (PC) license in Jefferson Co.)

(C).

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 in the **legal section** of the newspaper having the largest circulation for the county or city where your premises will be located.

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.

(D).

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 or and trafficking in alcoholic beverages.

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

(E).

OBTAIN LOCAL ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL

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 Licenses applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ **DATE** _____

CITY OF _____ ADMINISTRATOR (OR) COUNTY OF _____ ADMINISTRATOR

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

KENTUCKY OFFICE OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone 502-564-4850
Fax 502-564-1442

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 to the month that the license will become effective.

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

Make payable to: KENTUCKY STATE TREASURER

LICENSE TYPE	<u>PREFIX</u>	<input checked="" type="checkbox"/>	FULL YEAR FEE Pay this amount	HALF YEAR FEE Pay this amount
<input type="checkbox"/> RAILROAD / AIRLINE SYSTEM (liquor/wine/beer) <i>KRS 243.050(2) and KRS 243.300(3)</i>	RAS	<input type="checkbox"/>	2,000.00	1,000.00
<input type="checkbox"/> RIVERBOAT (liquor / wine / beer by the drink) <i>804 KAR 4:220</i>	RBT	<input type="checkbox"/>	1,000.00	500.00
<input type="checkbox"/> MOTEL LIQUOR DRINK (liquor / wine) <i>804 KAR 9:010(2)</i> <input type="checkbox"/> SUPPLEMENTAL BAR (liquor / wine by drink) PRE BAR <i>KRS 243.037 and 243.010(49)</i> How many <input type="checkbox"/> (no fee after 5 but, license is required.) <i>See Page 2 of the State Instruction Sheet to determine areas these licenses may be located.</i>	ML	<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.
	SBL	<input type="checkbox"/>	1 st class city 1000.00 2 nd . class city 700.00 3 rd . class city 600.00 4 th . class city 500.00	1 st class city 500.00 2 nd . class city 350.00 3 rd . class city 300.00 4 th . class city 250.00
<input type="checkbox"/> CATERER <i>KRS 243.033 and 804 KAR 4:310</i>	CL	<input type="checkbox"/>	800.00	400.00
<input type="checkbox"/> LIMITED SUNDAY LIQUOR DRINK (liquor/wine) <i>KRS 244.290</i> <i>(available only to holders of a Motel Liquor Drink, Private Club or Riverboat Licenses that are restaurants located in Daviess, Fayette or Jefferson Counties or Franklin County only (outside city limits) and the Cities of Augusta, Bardstown, Bowling Green, Florence, Maysville, Morehead, Oak Grove, Owensboro, or Shelbyville, which have at least 100 seating for diners and receive at least 50% of its gross annual income from sales in food.)</i> <input type="checkbox"/> SUNDAY LIQUOR DRINK (available only to holders of a motel liquor, private club, or riverboat license in Kenton & Campbell Counties.) <input type="checkbox"/> RETAIL SUNDAY DRINK (available only to holders of a private club or retail liquor drink license in Jefferson County.)	LS	<input type="checkbox"/>	500.00	250.00
	SD	<input type="checkbox"/>	500.00	250.00
	RS	<input type="checkbox"/>	500.00	250.00
<input type="checkbox"/> PRIVATE CLUB (liquor / wine / beer drink) <i>(In approved areas only.) KRS 243.270</i>	PC	<input type="checkbox"/>	300.00	150.00
<input type="checkbox"/> PRIVATE CLUB BEER ONLY <i>KRS 243.270</i> <i>(PCB for all wet areas that do not otherwise qualify for liquor and wine drink.)</i>	PCB	<input type="checkbox"/>	300.00	150.00
<input type="checkbox"/> DINING CAR BEER <i>KRS 243.300(2)</i>	BDC	<input type="checkbox"/>	200.00	100.00
<input type="checkbox"/> IN ROOM HOTEL BAR (liquor / wine) <i>KRS 243.055</i>	HI	<input type="checkbox"/>	200.00	100.00
<input type="checkbox"/> RETAIL MALT BEVERAGE BEER <i>KRS 243.280</i>	B	<input type="checkbox"/>	200.00	100.00
<input type="checkbox"/> RETAILER'S LIQUOR DRINK SAMPLING (liquor / wine) <i>KRS 244.050(2)</i>	DRS	<input type="checkbox"/>	100.00	50.00
	DC	<input type="checkbox"/>	100.00	50.00
<input type="checkbox"/> DINING CAR LIQUOR (liquor / wine) <i>KRS 243.300(1)</i>				
TOTAL				

CHECK LIST

1. Have you attached a certified check, cashier check or money order, payable to: Ky. State Treasurer for your License fees and a separate check for your Kentucky Background checks? Yes No
2. Have the buyer and seller (if applicable) signed and had this application notarized? Yes No
3. Have you answered each question fully and checked the type(s) of license(s) you are applying for? Yes No
4. Have you signed your application(s) and had your signature notarized? 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 for a Riverboat License, have you attached a copy of your US Coast Guard License? Yes No N/A
10. If you are applying for a Caterer's License, have you attached a copy of your Food Service Permit issued by the Department of Health? Yes No N/A

FORWARDING YOUR APPLICATION TO THE KENTUCKY ABC DEPARTMENT

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

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

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