



**ALCOHOLIC BEVERAGE CONTROL**  
**COMMONWEALTH OF KENTUCKY**  
**DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**  
500 Mero Street 2NE33  
Frankfort, KY 40601  
502-564-4850 phone  
502-564-1442 fax  
<http://abc.ky.gov>

**CREDIT/DEBIT PAYMENT FORM**

**There is a 2.75% convenience fee added to the total for credit card payments.**

Please provide your name, address, telephone number, and payment amount:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

**CREDIT CARD PAYMENT**

Card type:     VISA                       Mastercard                       Discover

Print Name (as it appears on the card) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date (Month/Year) \_\_\_\_\_

CVV/Credit Card Security Code (3 digit number on the back of the card) \_\_\_\_\_

**PAYMENT REASON & AUTHORIZATION**

Please apply this payment to the following licensee \_\_\_\_\_

License Number(s) \_\_\_\_\_ SITE ID # \_\_\_\_\_

Reason for payment \_\_\_\_\_

By signing and dating this form, I authorize my credit card to be charged for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.

Signature \_\_\_\_\_

Date \_\_\_\_\_