Instructions
Rev. 01/19/10

COMMONWEALTH OF KENTUCKY
Instructions for Obtaining a Kentucky State ABC License

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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.kycourts.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 9. 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 10. ***(LOCAL LICENSING)*** 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/***

(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 LICENSE) 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)***.
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)

Revised 01/19/10

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.kycourts.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** _____
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 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

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.

HOW TO FIGURE STATE ABC LICENSE FEES (S)
Revised 01/19/10

- Pick the County where your premises are to be located from this chart.
- Pick the month you want the license(s) to become effective.
- Which fee will you pay?□ A full Year Fee □ A half Year Fee
- 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

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County Code	Name of County	Full Years Fee	Half Years Fee
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 - 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

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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

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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

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.
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 0 = 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			☐ Yes ☐ No			%
	H W F O			☐ Yes ☐ No			%
	H W F O			☐ Yes ☐ No			%

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

Site I.D. #

(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) _____
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
(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, __(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 ***Retailer's Liquor Drink Sampling License****?* □ Yes □ No
   If yes, KRS 244.050 requires you to hold an active Kentucky Retail Distilled Spirits & Wine by the Drink License. List your Kentucky Retail Distilled Spirits & Wine by the Drink License Number at the Sampling Location. _____.

7. 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:

KENTUCKY DEPT. 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. 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	***PREFIX***	✔	***FULL YEAR FEE*** Pay this amount	***HALF YEAR FEE*** Pay this amount
☐ LIMITED RESTAURANT ALCOHOLIC BEVERAGE BY THE DRINK LICENSE (100 seats) *(liquor / wine / beer) KRS 242.185(5) & 241.020(26)(a)*	LR (100) seats	☐	Pay fee for the largest city in the county to be licensed.	Pay fee for the largest city in the county to be licensed.
☐ LIMITED RESTAURANT ALCOHOLIC BEVERAGE BY THE DRINK LICENSE (50 seats) *(liquor / wine / beer) KRS 242.1244 & 241.010(26)(b)*	LR (50) seats	☐	1st. class city 1,200.00	1st. class city 600.00
☐ LIMITED SUPPLEMENTAL BAR *PER BAR* How many ☐ *KRS 243.037, 241.010(48)* *after 5th. license no fees charged, but license is required*	LSBL	☐	2nd. class city 900.00 3rd. class city 800.00	2nd. class city 450.00 3rd. class city 400.00
☐ GOLF ALCOHOLIC BEVERAGE LICENSE *(liquor / wine/ beer by the drink only) KRS 242.123, 242.1232*	GOLF	☐	All others 700.00	All others 350.00
☐ GOLF SUPPLEMENTAL BAR *KRS 243.037, 241.010(48)* *PER BAR* How many ☐ *after 5th. license no fees charged, but license is required.*	GSBL	☐		
☐ SPECIAL SUNDAY RETAIL DRINK LICENSE *KRS 244.290 or KRS 244.295*	LLS	☐	500.00	250.00
☐ RETAILER'S LIQUOR DRINK SAMPLING *KRS 244.050*	DRS	☐	100.00	50.00
☐ CATERER'S LICENSE *KRS 243.033, 804 KAR 4:310*	CL	☐	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) (_____) _____-_____.