

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

804 KAR 4:410. Product registration and forms.

REVISIONS:

“Refund Request Form” 2024, 1 page

This form has been revised to add a section advising the applicant that the refunds will be issued in the same form as the original payment, asking the original payment amount, method of payment, account number, and date the original payment cleared the account. Additionally, more information is requested regarding an applicant’s credit card—namely the name as it appears on the card, credit card number, expiration date, and CVV—as the form previously did not request sufficient information to process a payment via credit card. The form is otherwise unchanged.

“Dormancy Request Form” 2024, 1 page

This document serves to show the content of the online application available through the department’s online licensing management portal used by businesses and individuals to request to put their licenses in dormancy pursuant to 804 KAR 4:110. It does not retain the first sentence of the introductory information, as that was used to identify the license to be put into dormancy and the online form retrieves that information from the database automatically. The second sentence is retained, but the third sentence is not.

The form also retains all of the selections for possible reasons why the licensee is seeking to put their license into dormancy, but uses a dropdown menu instead of checkboxes. The signature, name, mailing address, email, and contact phone blanks are not retained as the system automatically associates the request with the licensee, and, as the form is accessible only from the licensee’s dashboard, submitting the request serves the same purpose as an electronic signature.

DELETIONS:

The following forms are to be deleted from the material incorporated by reference because they are now obsolete as the Department no longer uses these forms in any way:

“Law Book Order Form” June 2017
“Speaker Request Form” June 2017
“Minors on Premises Request Form” June 2017
“Private Event Request Form” June 2017
“Credit/Debit Payment Form” June 2017



ALCOHOLIC BEVERAGE CONTROL
COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

500 Mero St. 2NE33
Frankfort, Kentucky 40601
502-564-4850 phone
502-564-1442 fax
<http://abc.ky.gov>

REFUND REQUEST FORM

Name of Business _____ Telephone Number _____

Premises Address (if applicable) _____ Site ID (if applicable) _____

Name of Requesting Individual _____ Telephone Number _____

Address _____ Email _____

All refunds are issued in the same form as the original payment. If the original payment was made on a credit card, the refund will be issued to that same card. If the original payment was made by check or ACH, the refund will be issued in the form of a check. There will be a minimum of ten (10) BUSINESS days before the issuance of any refunds.

Original Payment Amount: _____ Check, Credit Card or EFT: _____ Last four digits of the account: _____

Date original payment cleared account: _____ Amount of refund requested: _____

Pursuant to KRS 243.030 and KRS 243.040, if requesting a refund for a license application, \$50.00 shall be retained by the department as a processing fee. No processing fee will be charged for the following license applications: (1) small farm winery; (2) transporter; (3) special nonbeverage alcohol; (4) special agent/solicitor; (5) special temporary; (6) special temporary auction; (7) sampling and (8) replacement/duplicate.

Reason for refund:

- ☐ Withdrawal ☐ Overpayment ☐ Duplicate ☐ Denial
- ☐ Other _____

Does the requesting party have ownership in the business? _____

A refund shall only be issued to an applicant/owner, or to a representative of the applicant/owner possessing a properly executed power of attorney or court-appointed fiduciary order.

CHECK REFUND

Payee Name _____

Refund Mailing Address _____

CREDIT CARD REFUND

Name as it appears on the card _____ Last four digits of the card _____

Signature: _____ Date: _____



REFUND REQUEST FORM

Name of Business _____ Telephone Number _____

Premises Address (if applicable) _____ Site ID (if applicable) _____

Name of Requesting Individual _____ Telephone Number _____

Address _____ Email _____

Additional information and blanks placed here regarding form of refunds.

Amount of refund requested \$ _____

Pursuant to KRS 243.030 and KRS 243.040, if requesting a refund for a license application, \$50.00 shall be retained by the department as a processing fee. No processing fee will be charged for the following license applications: (1) small farm winery; (2) transporter; (3) special nonbeverage alcohol; (4) special agent/solicitor; (5) special temporary; (6) special temporary auction; (7) sampling; and (8) replacement/duplicate.

Reason for refund:

- ☐ Withdrawal ☐ Overpayment ☐ Duplicate ☐ Denial
- ☐ Other _____

Does the requesting party have ownership in the business? _____

A refund shall only be issued to an applicant/owner, or to a representative of the applicant/owner possessing a properly executed power of attorney or court-appointed fiduciary order.

Borders removed from Check Refund and Credit Card Refund sections

CHECK REFUND

Payee Name _____

Refund Mailing Address _____

CREDIT CARD REFUND

~~A refund may only be credited to a credit card within sixty (60) days of the original payment process date. After sixty (60) days, the refund must be issued via check.~~

~~Print Name (as it appears on the card)~~ _____

Card Number **Now only requests last four digits of card** _____ ~~Expiration Date (Month/Year)~~ _____

~~CVC/Credit Card Security Code (3 digit number on the back of the card)~~ _____

Signature: _____ Date: _____



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DORMANCY REQUEST FORM

Pursuant to 804 KAR 4:110, the licensee below asks that Quota Retail license number _____ be placed in dormant status. The licensee understands that if this dormancy is granted, the annual license fee must be paid, and upon the expiration of this dormancy period, if necessary, licensee may request one additional dormancy period.

The licensee understands that if the dormancy extension is granted, the annual license fee must be paid, and upon expiration of the dormancy extension period the quota retail license will become inactive.

The licensee requests that the license be granted dormant status for the following reasons (please explain):

- ☐ An act of God or casualty _____
- ☐ Acquisition of the premises by a government agency under power of eminent domain _____
- ☐ Acquisition of the premises by a private corporation through granted power of eminent domain _____
- ☐ Loss of lease through failure of landlord to renew existing lease _____
- ☐ Court action _____
- ☐ Business reason _____
- ☐ Extension reason _____

Signature _____ Print Name _____
Mailing Address _____ E-mail _____
Contact Phone _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

My Commission Expires _____, 20____ Notary ID# _____

Fee \$ _____ Val # _____

(for ABC use only)

Law Book Order Form
Revised June 2017



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LAW BOOK ORDER FORM

The 2015 edition of "Alcoholic Beverage Laws of Kentucky" is available in book format. The book consists of all relevant Kentucky alcohol and tobacco laws and regulations. Each book is \$22.00 plus shipping.

To place an order, complete this form and send to the address at the top of the page. If you are paying by credit card, please complete the Credit/Debit payment form.

Send ____ book(s) to:

Name: _____

Mailing Address: _____

Cost per book \$22.00 x ____ (number of books ordered): \$ ____

6% Sales Tax (or Tax Exempt Number if applicable): \$ ____

Add shipping for first book: \$ 5.00

Plus \$3.00 shipping for each additional book: \$ ____

Total Amount Due: \$ ____

Include full payment with your order. Do not send cash!
Make checks or money orders payable to: **Kentucky State Treasurer**

Minors on Premises Request Form
Revised June 2017



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MINORS ON PREMISES REQUEST FORM

KRS 244.085(6)(c) authorizes the Department to permit minors on licensed premises until 10 pm. where the sale of alcohol is incidental to a specific family or community event, including, but not limited to, weddings, reunions, or festivals.

The following Licensee requests written approval to permit minors on the premises:

Name of Licensee _____
DBA _____
License Number(s) _____
Address of Premises _____
Telephone Number _____

Specifically describe the event:

Date of event _____ Number of minors expected _____

List the time-period minors will be on the premises:

From _____ m. / p.m. to _____ a.m. / p.m.

I hereby swear or affirm under penalty of perjury that all statements provided in this request including the event description are true and correct.

Signature of Licensee _____ Date _____

This section is For ABC Dept. Use Only

☐ Approved ☐ Denied

Kentucky Malt Beverage Administrator

Kentucky Distilled Spirits Administrator

On this _____ day of _____ 20____

DISPLAY THIS APPROVAL PROMINENTLY DURING SPECIAL EVENTS

Private Event Request Form
Revised June 2017



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PRIVATE EVENT REQUEST FORM

The following Licensee requests written approval to permit a private event on the premises:

Name of Licensee _____

DBA _____

License Number(s) _____

Address of Premises _____

Telephone Number _____

Describe the private event:

Date of event _____

List the time-period the licensed premises will be closed to the public:

From _____ a.m. / p.m. to _____ a.m. / p.m.

I hereby swear or affirm under penalty of perjury that all statements provided in this request including the event description are true and correct.

Signature of Licensee _____

Date _____

This section is For ABC Dept. Use Only

☐ Approved

☐ Denied

Kentucky Malt Beverage Administrator

Kentucky Distilled Spirits Administrator

On this _____ day of _____ 20____

DISPLAY THIS APPROVAL PROMINENTLY DURING SPECIAL EVENTS

Speaker Request Form
Revised June 2017



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SPEAKER REQUEST FORM

The request form is due one month prior to the event to be considered. If the request form is not received timely, then the agency may be unable to participate. Submission of a request form does not guarantee agency participation.

Group Name: _____ Event Title: _____

Event Address: _____ City: _____ State: _____ Zip: _____

Event Contact Person: _____ Primary Phone #: _____

Contact Email: _____

Date of Presentation: _____ Start Time: _____

Length of Presentation: _____ Number of Presentations: _____

Number of Participants per Presentation: _____

Audience (i.e., middle school students): _____

Presentation Desired: ☐ Speaker ☐ Round Table ☐ Booth/Fair

Description of Desired Presentation: Please note if this is a keynote presentation.

Additional Description of the Event:

Agency decision: _____ Signed: _____ Date: _____



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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 license _____

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 _____