



PUBLIC PROTECTION  
CABINET

Department of Alcoholic Beverage Control

Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
500 Mero St. 2NW WK#21  
Frankfort, KY 40601  
ABC.ky.gov

**TOBACCO, NICOTINE OR VAPOR PRODUCT LICENSE APPLICATION**

1. Company Name: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

2. Contact Person: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

3. Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity?

Yes  No

If yes, attach a copy of the applicant's Certificate of Existence or Certificate of Authority to do business in Kentucky.

If no, is the applicant a Sole Proprietor?

Yes  No

5. Does the applicant currently hold an active license, "In review" application, or has the applicant been licensed with KY ABC previously?

Yes  No

If yes, please provide License Number & Site ID. \_\_\_\_\_

6. Does the applicant own the premises to be licensed or have possession of it under a written agreement such as lease, deed or certification from the landlord or landowner that the premises to be licensed can be used for the sale of alcohol and/or tobacco, nicotine or vapor products at retail?

Yes  No

Please attach legal description of the boundaries of the premises (i.e. drawings, blueprints, a deed, or metes and bounds, etc.) as well as a copy of written agreement showing the applicant's ownership or possession.

7. DBA Name: \_\_\_\_\_

8. Address of Premises: Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

9. Company Ownership Details. For each owner, please provide the following details:  
**(If publicly traded, please list officer(s) position. Please use additional paper if needed)**

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Has the individual been convicted of any felony, been released from felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years?  Yes  No

Has the individual been convicted of a misdemeanor directly or indirectly related to a controlled substance within the past two (2) years?  Yes  No

Has there been a revocation of any Kentucky tobacco, nicotine or vapor product license held by the individual listed above in the last two (2) years preceding this application?  Yes  No

Has the individual been convicted of knowingly providing false information to the department preceding the application?  Yes  No

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Has the individual been convicted of any felony, been released from felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years?  Yes  No

Has the individual been convicted of a misdemeanor directly or indirectly related to a controlled substance within the past two (2) years?  Yes  No

Has there been a revocation of any Kentucky tobacco, nicotine or vapor product license held by the individual listed above in the last two (2) years preceding this application?  Yes  No

Has the individual been convicted of knowingly providing false information to the department preceding the application?  Yes  No

**Parent/Holding Company (if applicable). Circle type of holding company below.**

Individual                                      Company                                      Trust                                      Officer

Is the Company registered in Kentucky?                                       Yes                                       No

Company Name	% of ownership

**Parent/Holding Company Mailing Address:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Has there been a revocation of any Kentucky Tobacco, Nicotine or Vapor product license held by the company listed above in the last two years?                                       Yes                                       No

**10. License Type and Fees:**

License Type:	License Details:	Fees:
Tobacco, Nicotine or Vapor Product License	This license allows a business to purchase tobacco, nicotine or vapor products from distributors and sell them at retail to consumers 21 years of age or older.	<b>\$500 Annual Licensure Fee (which includes \$50 Non-Refundable Application Fee)</b>

**Affirmation**

I do hereby swear or affirm, under penalty of perjury, that I am authorized to submit this application on behalf of the named applicant and all the information and statements contained therein and any attachments are true and correct to the best of my knowledge, information and belief. I hereby swear or affirm that if the license is issued, the applicant shall abide by all state and local statutes, regulations and ordinances relating to manufacture, sale, use and trafficking in tobacco, nicotine or vapor products.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_