



COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-1442 fax
<http://abc.ky.gov>

AFFIDAVIT OF NON-TRANSFER

I, _____, do hereby swear or affirm under penalty of perjury that there has been no purchase or transfer of any ownership interest in a license(s) or business previously issued to _____, for which an application has been filed with the Kentucky Department of Alcoholic Beverage Control.

I, further state that there has been no purchase or transfer of any part of the fixtures, materials, supplies, merchandise, or other inventory of the license(s) known as _____ (Kentucky ABC License number(s)).

X _____
Signature of Affiant

Mailing Address:

Contact Phone Number

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

X _____
Notary Public

KY State at Large County of _____

My Commission Expires _____ Notary ID# _____