



**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 FOR REMOVAL OF OWNERSHIP INTEREST

STATE OF KENTUCKY
COUNTY OF _____

The affiant, _____, Social Security Number _____,

being first duly sworn, deposes and says:

The affiant is over the age of twenty-one years and resides at _____

_____, in the City of _____, in the

State of _____, being in the County of _____;

The affiant is listed in the application as having an interest in ABC Alcohol License Number(s)

_____ located at _____

_____ in the City of _____, Kentucky, in the County of _____;

The affiant no longer has any ownership in said license(s) or business(es) and hereby asks that the

Department's records reflect the same.

X _____
Signature of Affiant

I, the undersigned, a Notary Public in and for the State and County aforesaid, hereby certify that the affiant,

_____, personally appeared before me and swore to the foregoing statements.

Witness my hand this _____ day of _____, 20_____

X _____
Notary Public

State of _____ at Large County of _____ at Large

My Commission Expires: _____ Notary ID# _____