

INSTRUCTIONS

APPLICATION REQUEST FOR APPROVAL OF PARTIAL TRANSFER OF OWNERSHIP TO MY ORIGINAL LICENSE APPLICATION **"Transfer of an Interest"**

KRS 243.630 prohibits an active Kentucky ABC licensee from transferring any interest in their business to a new person or entity of 10% or more, but less than 100%, unless the transfer or assignment is authorized by the State ABC administrator(s) in the exercise of his or her sound discretion under KRS 243.640 or 243.650.

This application form may be used to request approval from the State ABC Administrator(s) to transfer any interest in your business.

The State ABC Administrator(s) shall grant or deny the application request within sixty (60) days of the date the application is substantially complete or on a later date that is mutually acceptable to the administrator and the transferee.

A licensee shall not transfer his or her license or any interest in the license while any proceedings against the license or the licensee are pending for a violation of any statute or regulation which may result in the suspension or revocation of the license.

A licensee shall not transfer his or her license or any interest he or she has in the license if the licensee owes a debt on the inventory to a wholesaler responsible for the collection and payment of the tax imposed under KRS 243.884.

A licensee shall not transfer his or her license or any interest in the license if the licensee owes the Commonwealth of Kentucky, Department of Revenue, for taxes as defined in KRS 243.500(5).

Step 1. Complete the attached application form. Be sure to list the daytime phone number(s) and fax number(s).

Step 2. Carefully read and sign both sections 9 and 10 and have these signatures notarized.

Step 3. Any new persons being added to your application must provide a recent copy (no more than 30 days old) of a statewide police criminal background check from all states where the new person(s) has resided for the past (5) years. For Kentucky dial (800) 928-6381 or go to www.courts.ky.gov. For all other states you may call our office to obtain instructions.

Step 4. ***We do not accept Cash!*** Attach your nonrefundable processing fee of \$50 by certified check, cashier's check, money order, or credit card payable to: The Kentucky State Treasurer.

Step 4. Attach any supporting documentation to your application you feel necessary to obtain approval.

Step 5. Mail or submit your application and \$50 fee to:

**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>



Request for Approval
 Partial Transfer of Ownership
 Page (1) Revised June 2013

**COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

ABC Site I.D. #

1003 Twilight Trail
 Frankfort, Kentucky 40601-8400
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**APPLICATION REQUEST FOR APPROVAL OF PARTIAL TRANSFER OF OWNERSHIP
 TO MY ORIGINAL LICENSE APPLICATION
 "Transfer of an Interest"**

Pursuant to KRS 243.630 and 804 KAR 4:010, I am a current active licensee with the Kentucky Department of Alcoholic Beverage Control. I hereby request approval from the State Administrator(s) to accept this supplemental statement and make it part of my original application on file.

1. Name of licensee: _____ DBA: _____

Address of premises: _____
 (Street Number) (Street Name) (City) (State) (County)

State ABC License Number(s): _____

2. Application Processing Fee:\$50.....Payment enclosed: \$ _____

The following transfer or change will proceed upon approval by the state ABC administrator(s)

3. NAME AND ADDRESS OF <u>NEW</u> PERSON(S) ACQUIRING AN INTEREST *	ALL PHONES H= HOME W=WORK F=FAX O=OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE(S) WHERE YOU RESIDED IN PAST 5 YEARS	Acquiring % OF OWNERSHIP	LIST PERSON YOU ARE REPLACING (If applicable)
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No				

* If the acquiring person is a Corporation, LLC, LTD, or Partnership, list information relating to members, directors, managers, or principal officers.

If additional space is needed, please make an attachment.

The following questions are to be completed by the new person(s) listed in Section (3) of this application.

4. Do you have an 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) _____
5. Have you 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).
6. Are there pending proceedings against the licensee for a violation of any statute or regulation which may result in the suspension or revocation of this license(s)? Yes No
7. Is the licensee in debt on the inventory to a Kentucky Wholesaler responsible for the collection and payment of the tax imposed under KRS 243.884?..... Yes No
8. Does the licensee owe the Commonwealth of Kentucky, Department of Revenue, any taxes as defined in KRS 243.500(5)?..... Yes No

Affidavit of person(s) new to the original application listed in #3 shall complete this section.

9. I (we),__ (print your name(s) here) _____, do hereby swear and affirm under penalty of perjury 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 hereby swear and affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been approved by the Commonwealth of Kentucky, Department of Alcoholic Beverage Control. I hereby swear and affirm that I shall abide by all state and local statutes, regulation, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that no persons listed in Number 3 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) under KRS 154.772.

Signature _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, 20 _____. My Commission expires _____

Notary Public _____ County of _____ State of _____

(Canadian signatures are exempt from this notary requirement)

Notary ID# _____

Affidavit of the director, principal officer or manager of the licensee shall complete this section.

10. I, _____ title _____ of _____ the licensee hereby describe the ownership of this business **after** the acquisition of the interest by those listed in Number (3) of this application as follows:

Name _____ Title _____ Percent of ownership (%) _____

Name _____ Title _____ Percent of ownership (%) _____

Name _____ Title _____ Percent of ownership (%) _____

Name _____ Title _____ Percent of ownership (%) _____

Signature _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, 20 _____. My Commission expires _____

Notary Public _____ County of _____ State of _____

(Canadian signatures are exempt from this notary requirement)

11.

Check List:

- a. Have you answered and completed all questions on this application?..... Yes No
- b. Have you enclosed your \$50 dollar processing fee?..... Yes No
Payment may be received by certified checks, cashier's check, money order, credit card payable to:
Kentucky State Treasurer
- c. Have all required persons signed this application and had their signatures notarized?..... Yes No
- d. Have you attached recent criminal background checks on all new individuals?..... Yes No
- e. Have you attached additional information to be reviewed?..... Yes No N/A
- f. You are now ready to forward this form, any attachments and fee to our Frankfort ABC Office:

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
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12. **This section is For ABC Dept. Use Only**

Commonwealth of Kentucky
State ABC Administrator(s) Response

This Request for Approval of a Partial Transfer of Ownership has been reviewed and will be made part of your original application on file with the Department.

Accepted **Denied**

_____ **Kentucky Malt Beverage Administrator**

_____ **Kentucky Distilled Spirits Administrator**

On this _____ day of _____ 20 _____