



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

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-7479 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 _____

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. The following application types shall receive a full refund of the entire application fee: (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

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 _____ Expiration Date (Month/Year) _____

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

Signature: _____ Date: _____