



**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 PRIVATE EVENT ON PREMISES

The following Licensee requests the Department's written approval to permit a private event on the premises.

Name of Licensee _____
DBA _____
License Number(s) _____
Address of Premises _____
Telephone Number _____
Fax Number _____

Specifically describe the occasion for which approval is requested to hold a private event on the premise.

Date of event _____
List the time-period the licensed premises will be closed to the public:
From _____ a.m. / p.m. to _____ a.m. / p.m.

I hereby swear and affirm under penalty of perjury that all statements provided in this request including the event description are true and correct.

Signature of Licensee _____ **Date** _____

For official use only

APPROVED DENIED Date: _____

ADMINISTRATOR(S) _____

**DISPLAY THIS APPROVAL PROMINENTLY DURING
SPECIAL EVENTS**