



**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>

INSTRUCTIONS FOR TRANSPORTER/SOLICITOR/OUT-OF-STATE APPLICATION

GENERAL REQUIREMENTS

- a. You must be at least 21 years of age to apply.
- b. You must be a U.S. citizen unless you apply as a corporation, LLC or Ltd. partnership.
- c. Individuals, owners, partners, officers, directors or interested parties may not apply if they have been convicted of any felony within the past five years; or if convicted of any alcohol or controlled substance related misdemeanor in the past two years.
- d. Pay your application fee(s) by attaching a completed **REMITTANCE FORM**, a **certified check**, **cashier's check**, or **money order payable to: KENTUCKY STATE TREASURER**. **WE DO NOT ACCEPT CASH.**

Applications will be returned if all questions are not answered completely.

Transporters or Air Transporters:

1. Attach a copy of your Federal Authority when you submit your completed application.
2. Complete Section A.
3. Please read and complete the entire application. All questions must be answered. Section B must be completed entirely; omitting any information requested in Section B will result in your application being rejected. In Section B, list all owners of the business, whether a privately-owned Sole Proprietor, Partnership, Corporation, Limited Liability Partnership, or Limited Liability Company (LLC). Name the trustee if the company is owned in whole or part by a trust. Give the names and ownership percentages of the three highest officers of any entity that owns the Corporation or LLC in whole or part; or if a non-profit organization.
4. Complete Section C.
5. Complete Section D. Check exactly which license type you wish to apply for. The fee for the Transporter's or Air Transporter's licenses is listed in Section D. Transporter licenses will always expire on December 31. If you apply for a Transporter license between January 1 and June 30, you pay a full year fee. If you apply for a Transporter license between July 1 and December 31 you will pay a half year fee.
6. Complete Section G. Questions 13-16 are specific to Transporters.
7. The Application Affidavit section may only be signed by an owner or officer listed in Section B, (print name also).
8. Once the Transporter's license has been approved, a copy will be sent to you. Please keep a copy in each truck. Your license numbers must be placed on the right or left side of your vehicle in uniform letters of not less than 3 inches high.

Solicitors:

1. Complete Section A.
2. Complete Section B: If any information requested in Section B is not provided, your application will be returned.
3. Complete Section C.
4. Complete Section D. Check exactly which license type you wish to apply for; the fee for a Solicitor license is listed in Section D. If you apply for a Solicitor's license between January 1 and June 30, you pay a full year fee. If you apply for a Solicitor's license between July 1 and December 31 you will pay a half year fee.

5. Complete Section F. Questions 8-12 are specific to Solicitor's.
6. The Application Affidavit section may only be signed by the person applying for the Solicitor's license listed in Section B, (print name also).
7. Once the Solicitor's license has been approved, a copy will be sent to you.

**OUT OF STATE DISTILLED SPIRITS WINE PRODUCERS/SUPPLIERS or
OUT OF STATE MALT BEVERAGE PRODUCERS/SUPPLIERS:**

1. Attach a copy of your Basic Permit or Brewer's Notice when you submit your completed application.
2. Attach a copy of your alcoholic beverage Producer or Supplier's license from the state your business is located in.
3. Complete Section A.
4. Please read and complete the entire application. All questions must be answered. Section B must be completed entirely; omitting any information requested in Section B will result in your application being rejected. In Section B, list all owners of the business, whether a privately-owned Sole Proprietor, Partnership, Corporation, Limited Liability Partnership, or Limited Liability Company (LLC). Name the trustee if the company is owned in whole or part by a trust. Give the names and ownership percentages of the three highest officers of any entity that owns the Corporation or LLC in whole or part; or if a non-profit organization.
5. Complete Section C.
6. Complete Section D. Check the license type you wish to apply for, the fees are listed in Section D. Licenses will always expire on December 31. If you apply for a license between January 1 and June 30, you pay a full year fee. If you apply for a license between July 1 and December 31 you will pay a half year fee. A two year license term is available.
7. Complete Section E. Questions 5-7 are specific to Out of State Producers/Suppliers.
8. The Application Affidavit section may only be signed by an owner or officer listed in Section B, (print name also).
9. **After your licenses have been approved please make sure to register your products electronically, all products must be registered before they can be shipped into Kentucky to your licensed wholesaler or distributor.**
Cider with more than 7% alcohol by volume must be registered as a wine.
Cider with less than 7% alcohol by volume must be registered as a malt beverage.

Product Registration Online (PRO).
<https://www.productregistrationonline.com/web/publicpro/getstarted/ky#selectpermit> or
<https://www.productregistrationonline.com>.
10. Distribution agreement(s) for all brands being registered with a licensed Kentucky wholesaler or distributor are required. Malt Beverages must also have territorial agreements in place. Those agreements should not be sent in with this application unless the Department requests them.

Pursuant to KRS 243.850, all licensees are subject to reporting to the Department of Revenue (DOR) their activities relating to the trafficking of alcoholic beverages in the Commonwealth of Kentucky. The Kentucky Department of Revenue will require a Brewer's Monthly Report Schedule to be submitted to their office if your business will be shipping malt beverages (beer) into the Commonwealth of Kentucky. If your business will be shipping distilled spirits or wine into the Commonwealth of Kentucky, you will be required to submit a Consignor's Report of Alcoholic Beverages Shipped. Applicable DOR alcohol forms and tax statutes are available at the Department of Revenue's website at the following link: <http://revenue.ky.gov/business/alcohol.htm>. For specific questions about filing requirements, you may send an email to Dor.WebResponseExciseTax@ky.gov or call 502-564-6823.



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TRANSPORTER/SOLICITOR/OUT-OF-STATE APPLICATION

Val. _____
 Val. _____

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LEAVE BLANK - FOR ABC USE ONLY

License # _____ \$ _____ License # _____ \$ _____ License # _____ \$ _____
 License # _____ \$ _____ License # _____ \$ _____ License # _____ \$ _____

Reviewing Licensing Administrative Specialist: _____ Input Date: _____ Review Date: _____
 Malt Beverage Administrator's Approval: _____ Date: _____
 Distilled Spirits Administrator's Approval: _____ Date: _____

SECTION A

Name of person(s) or company to be licensed: _____
(applicant's name, if sole proprietor)

DBA (Doing Business As): _____ Fee enclosed: \$ _____

Address of premises to be licensed: _____
 City: _____ County: _____ State: _____ Zip: _____

Mailing address (if different from above): _____

Contact person: _____ E-mail address: _____

Contact phone: _____ Fax: _____ Premises phone: _____

List the type(s) of licenses(s) being applied for: _____ Desired effective date of license(s): _____

SECTION B

Complete the following for the business proprietor, partner(s), and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. If privately-held, show 100% of the ownership. If this is a publicly-traded company or a non-profit company, list the top three officers and any natural person who owns ten percent (10%) or more interest. Make an attachment if additional space is needed.

NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK F= FAX C= CELL	SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OF BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%

SECTION C

1. Does the applicant or any person named in Section B of this application have a substantial interest in another alcohol license type (alcohol producer, distributor/wholesaler, or retailer)? (804 KAR 4:015)
If yes, **attach** a statement identifying the person(s) and describe the interest(s). YES NO
2. Has the applicant or any person named in Section B been convicted of any felony, been released from felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years? (KRS 243.100(1)(a))
If yes, **attach** a statement identifying the person(s) convicted and date(s) and type(s) of conviction(s). YES NO
3. Has the applicant or any person named in Section B been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? (KRS 243.100(1)(b) and (c))
If yes, **attach** a statement identifying the person(s) convicted and date(s) and type(s) of conviction(s). YES NO
4. Has there ever been a suspension, denial, or revocation of any alcoholic beverage license held by the applicant or by any person named in Section B of this application? If yes, **attach** a statement giving a full explanation, including dates of suspension, denial, or revocation. YES NO

SECTION D

Check the license type(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type(s) are met.

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<input type="checkbox"/> Out-of-State Distilled Spirits/Wine Producer/Supplier License (Import 50,000 gallons or more annually) (KRS 243.212) One Year or Two Year License term is available <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	\$1,550 \$3,100	\$775 \$2,325
<input type="checkbox"/> Limited Out-of-State Distilled Spirits/Wine Producer/Supplier License (Import 2,000 gallons to 50,000 gallons annually) (KRS 243.212) One Year or Two Year License term is available <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	\$260 \$520	\$130 \$390
<input type="checkbox"/> Micro Out-of-State Distilled Spirits/Wine Producer/Supplier License (Import 2,000 gallons or less annually) (KRS 243.212) One Year or Two Year License term is available <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	\$10 \$20	\$5 \$15
<input type="checkbox"/> Out-of-State Malt Beverage Producer/Supplier License (Import 25,000 barrels or 775,000 gallons) (KRS 244.606, KRS 243.215) One Year or Two Year License term is available <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	\$1,550 \$3,100	\$775 \$2,325
<input type="checkbox"/> Limited Out-of-State Malt Beverage Producer/Supplier License (Import less than 25,000 barrels or 775,000 gallons) (KRS 244.606, KRS 243.215) One Year or Two Year License term is available <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	\$260 \$520	\$130 \$390
<input type="checkbox"/> Special Agent or Solicitor License (KRS 243.340)	\$30 No two year option	\$15 No two year option
<input type="checkbox"/> Transporter's License (KRS 243.200)	\$210 No two year option	\$105 No two year option
<input type="checkbox"/> Air Transporter's License (KRS 243.217)	\$520 No two year option	\$260 No two year option

SECTION E

This section must be completed if applying for an Out-of-State Distilled Spirits/Wine Producer/Supplier, Limited Out-of-State Distilled Spirits/Wine Producer/Supplier, Micro Out-of-State Distilled Spirits/Wine Producer/Supplier, Out-of-State Malt Beverage Producer/Supplier, Limited Out-of-State Malt Beverage Producer/Supplier, Special Agent or Solicitor license.

5. Do the premises meet all of the requirements specified in Section D? YES NO
6. Have you **attached** a copy of the applicant's Federal Basic Permit? YES NO
7. Is the applicant licensed by another state as a producer, importer, wholesaler, or distributor? YES NO

If yes, name the state in which the applicant is licensed and the license number:

State: _____ License Number: _____

Note: All brands must be sold to a licensed Kentucky wholesaler/distributor.

All products intended for in-state retail sales must be registered by the producer or supplier with the Department of Alcoholic Beverage Control prior to any sale or delivery in the Commonwealth of Kentucky. Please refer to the instruction sheet for information on product registration.

Production volumes must fully comply with statutory requirements.

SECTION F

This section must be completed if applying for a Special Agent or Solicitor license.

8. If the applicant is applying as a Special Agent or Solicitor, provide the following information for the past two (2) years:

Name of current employer: _____

Employer address: _____

Employment dates: from _____ to _____

Names of previous employer(s): _____

Employer address: _____

Employment dates: from _____ to _____

If additional space is needed, make an attachment.

9. If a Special Agent or Solicitor, provide the Department of Alcoholic Beverage Control license number of the applicant's current employer: _____

10. If a Special Agent or Solicitor, does the applicant work or plan to work for any retailer of alcoholic beverages? YES NO

11. If a Special Agent or Solicitor, do any of the applicant's relatives have an ownership interest in any retail business of alcoholic beverages? YES NO

If yes, provide:

Relationship: _____

Relative's name: _____

Retail license number: _____

Retail business name: _____

12. If a Special Agent or Solicitor, the applicant's employer must sign the following:

I, _____, a principal officer of _____ company,
holder of Kentucky Department of Alcoholic Beverage Control license number _____ do hereby retain as a
Special Agent or Solicitor to the above named applicant.

Employer's Signature

Title

Date

SECTION G

This section must be completed if applying for a Transporter or Air Transporter license.

13. List the applicant's DOT # _____

14. Specify whether applicant is:

Resident of Kentucky

Non-resident of Kentucky

Attach a copy of the applicant's Federal Motor Carrier Permit that lists the MC#.

15. If the applicant is applying for an Air Transporter License, is the applicant a commercial airline system, charter flight system, or commercial cargo system? YES NO

16. If granted a license, I will allow any authorized ABC Investigator of the Department to stop and examine the cargo of any truck or vehicle in which alcoholic beverages are being transported within the Commonwealth of Kentucky. Initial here: _____

APPLICATION AFFIDAVIT

AFFIDAVIT OF NEW APPLICANT APPLYING FOR THE ABC LICENSE (S)

I, (print your name here) _____ **do hereby swear and affirm under penalty of perjury** that all statements contained in this application and any 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 issued the appropriate license(s) by the Kentucky Department of Alcoholic Beverage Control. I hereby swear and affirm that if the license(s) is issued, I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that no persons listed in Section (B) of this application are in default of a repayment obligation under any financial program administered by Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature of New Applicant: _____ **Title:** _____ **Date:** _____



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REMITTANCE FORM

*******There will be a 2.75% Convenience Fee added to the total for Credit Card payments and \$0.35 for Electronic Fund Transfer/Automated Clearing House (EFT/ACH) payments.*****
Please fill out the information for the chosen payment type and sign at the bottom of the page.**

Please provide your name, address and telephone number in case we need to contact you regarding this payment:

Name _____ Address _____
Telephone Number _____ Amount of payment \$ _____

EFT/ACH PAYMENT

Print Name (as it appears on the account) _____
Routing Number _____ Account Number _____

CREDIT CARD PAYMENT

Card Type: Visa Master Card Discover
Print Name (as it appears on the account) _____
Card Number _____ Expiration Date (Month/Year) _____
CVV/Credit Card Security Code (3 digit number on the back of the card) _____

PAYMENT REASON & AUTHORIZATION

Please apply this payment to the following licensee _____
License Number(s) _____ SITE ID # _____
Reason for payment _____

By signing and dating this form, I authorize my credit card to be charged or bank account to be debited for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.

Name _____ Date _____