



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 SUPPLEMENTAL APPLICATION**

This application may only be used if your business currently holds active alcoholic beverage licenses. Your current license type (s) must qualify and have a need to add a Supplemental Bar license, Sampling license, Special Sunday Retail Drink license or Extended Hours Supplemental license.

### **LOCAL ABC**

There may be local ABC requirements and fees. The local ABC Administrator's approval of an application must be sent to the state ABC administrator before a license application can be processed. Visit <http://abc.ky.gov/> to find the name and contact information for the local ABC administrator in your area.

Sunday sales are allowed either by local ordinance or by a local special election. Before applying for a Special Sunday Retail Drink license, please contact your local ABC administrator to verify if Sunday sales are allowed in your area.

**(Local approval is not required for Sampling licenses).** If applying for a sampling license, you must complete and attach an **ABC Retailer Sampling Notification** form. Find the form on our website at <http://abc.ky.gov/> , or call the Department at 502-564-4850.

### **TIME TO PROCESS APPLICATIONS**

After a complete application is submitted to this Department, the average processing times are:

- Sampling license: 5-7 business days.
- Special Sunday Retail Drink license: 5-7 business days.
- Supplemental license: 10-14 business days.

**Supplemental Bar applicants:** *Our agency will assign an investigator after your complete application is received. The investigator will schedule a site inspection at which you or your legally authorized representative will be interviewed. Give the investigator a floor plan or blueprint of the interior layout of the premises showing where the new permanent supplemental bar will be located. Final consideration of your application will take place only after the investigator's inspection report is filed. Additional inspections may be required if construction or remodeling of the premises to be licensed was incomplete at the time of the first inspection.*

### **HOW TO APPLY**

1. Complete Section A. If the business name, premises address or ownership has changed from the original basic application, this supplemental application cannot be accepted or processed.
2. Complete Section B of the application to determine which license type(s) you are applying for.
3. Pay your application fee by attaching a completed REMITTANCE FORM or certified check, cashier's check or money order payable to: **KENTUCKY STATE TREASURER**.
4. Take your completed application to the local ABC administrator for signature approval, if required.

**INCOMPLETE APPLICATIONS WILL BE RETURNED**  
**WE DO NOT ACCEPT CASH**



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Val. \_\_\_\_\_

Val. \_\_\_\_\_

**SUPPLEMENTAL LICENSE APPLICATION**

**Extended Hours, Supplemental Bar, Special Sunday, and Sampling**

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

**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: \_\_\_\_\_

D.B.A (Doing Business As): \_\_\_\_\_

Address of premises to be licensed: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

List the active Department of Alcoholic Beverage Control license number(s) for the premises: \_\_\_\_\_

**SECTION B**

Check type(s) of license(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"/> <b>Extended Hours Supplemental License</b> (Qualifying-Retail) Available only for NQ-1 Retail Drink license, Licensee located within a commercial airport and Qualified Historic Site license. (KRS 243.050, 804 KAR 4:230)	<b>\$2,060</b>	<b>\$1,030</b>	
<input type="checkbox"/> <b>Special Sunday Retail Drink License</b> (Qualifying-Retail) Available to holders of Quota Retail Drink, NQ-1, NQ-2, NQ-3, Small Farm Winery, Limited Restaurant, Limited Golf Course, or Caterer's licenses if authorized by local ordinance or local option election. (KRS 244.290, KRS 244.295)	<b>\$520</b>	<b>\$260</b>	
<input type="checkbox"/> <b>Supplemental Bar License</b> Fees apply to only the first five (5) supplemental licenses. Select the supplemental license type that applies to the applicant's primary license type. (KRS 243.037, KRS 241.010)			_____ Number of Supplemental Licenses
<input type="checkbox"/> NQ-2 Retail Drink Supplemental Bar	<b>\$830</b>	<b>\$415</b>	
<input type="checkbox"/> Limited Restaurant Supplemental Bar	<b>\$780</b>	<b>\$390</b>	
<input type="checkbox"/> Limited Golf Course Supplemental Bar	<b>\$720</b>	<b>\$360</b>	
<input type="checkbox"/> Quota Retail Drink Supplemental Bar	<b>\$620</b>	<b>\$310</b>	
<input type="checkbox"/> NQ-3 Retail Drink Supplemental Bar	<b>\$320</b>	<b>\$155</b>	
<input type="checkbox"/> <b>Sampling License</b> Select the applicant's primary license type: (KRS 244.050)	<b>\$110</b>	<b>\$55</b>	
<input type="checkbox"/> Distillery			
<input type="checkbox"/> Quota Retail Package License			
<input type="checkbox"/> Quota Retail Drink License			
<input type="checkbox"/> NQ-2 Retail Drink License			

**LOCAL ABC ADMINISTRATOR APPROVAL**

**Applicants must complete this section if an equivalent local license is required. (Not required for sampling license)**

Pursuant to KRS 243.370, if a city or county alcohol license is required, then the local ABC Administrator must approve this application before it can be submitted to the state ABC. Take or mail this application and all attachments to the local ABC Administrator. Obtain the local ABC Administrator's signature and approval before filing this application with the state ABC office.

**LOCAL ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL**

I certify under oath that the applicant(s) has been approved for the equivalent local license type(s) applied herein for the identified premises, and that the applicant satisfies all local ordinances.

The premises to be licensed is located in the following wet or moist PRECINCT: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

City of \_\_\_\_\_ Administrator OR County of \_\_\_\_\_ Administrator

**APPLICATION AFFIDAVIT**

**AFFIDAVIT OF 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 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 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