COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax
http://www.abc.ky.gov/

Kentucky ABC Form 714

MALT BEVERAGE BREWER BRAND APPROVAL AND MEMORANDUM OF DISTRIBUTOR TERRITORIAL AGREEMENT

Form must be typed or may be filled in online at: http://www.abc.ky.gov/Pages/LICapps.aspx

A SEPARATE FORM MUST BE MADE FOR EACH BRAND IF HANDLED IN MORE THAN ONE TERRITORY BY DIFFERENT MALT BEVERAGE DISTRIBUTORS.

THIS FORM MAY BE REPRODUCED IF NECESSARY.

SUBMIT THIS REQUEST FOR APPROVAL TO THE KENTUCKY DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL NO LATER THAN 20 DAYS PRIOR TO THE INTRODUCTION OF A NEW BRAND IN KENTUCKY OR ANY CHANGES IN CURRENT AGREEMENTS.

1. **BREWER NAME** (print name) _____

ADDRESS _____

PHONE _____ FAX _____

CONTACT PERSON (print name) _____ E-MAIL _____

KENTUCKY LICENSE NUMBER _____

2. **SUPPLIER INFORMATION** (Check one) ☐ **Brewer** ☐ **Importer** ☐ **Master distributor** for this brand(s).

COMPANY NAME _____

ADDRESS _____

PHONE _____ FAX _____

CONTACT PERSON (print name) _____ E-MAIL _____

KENTUCKY LICENSE NUMBER _____

3. **KENTUCKY MALT BEVERAGE DISTRIBUTOR'S NAME** _____

ADDRESS _____

PHONE _____ FAX _____

CONTACT PERSON (print name) _____ E-MAIL _____

KENTUCKY LICENSE NUMBER _____

CONTINUED ON PAGE TWO (2)

Kentucky Malt Beverage Distributor _____

Date of request _____ License # _____

4. **CONTACT PERSON:**

(Print Name) _____

E-MAIL _____ CONTACT PHONE _____ FAX _____

Have you attached the label(s) for each brand being registered in section (5)?..... ☐ **Yes** ☐ **No**

5. **BRAND INFORMATION**: List the brand(s) of malt beverages to be distributed by the Kentucky Distributor listed in number # 3 of this form.

Is the product being registered a malt beverage or a weak cider?..... ☐ **Malt Beverage** ☐ **Weak Cider**

NOTE: CIDER THAT IS 7% OR MORE ALCOHOL BY VOLUME MUST BE REGISTERED ON THE ABC 715 FORM.

Attach additional sheets of paper if more space is needed.

Are these brands of malt beverages currently assigned, or have been recently assigned to any other Kentucky Malt Beverage Distributor for the same territory? ☐ **Yes** ☐ **No**

If yes, you ***SHALL*** obtain the signature of the Kentucky Malt Beverage Distributor this agreement will replace in **#7** of this form.

Kentucky Malt Beverage Distributor _____

Date of request _____ License # _____

6. **CONTRACT TERMS:** Franchise Agreements – Territorial Assessments between producer/supplier and the Kentucky malt beverage distributor. Effective Date: _____

7. **TERRITORY INFORMATION**:

Make an attachment if more space is needed.

Describe the assigned territory.

8. **SIGNATURES:**

The undersigned hereby swear and affirm under penalty of perjury that upon request by the Commonwealth of Kentucky Department of Alcoholic Beverage Control or its representatives, they shall provide copies of all brand contracts within five (5) working days. The undersigned hereby swear and affirm that all statements contained in this ABC 714 form and all its attachments are true and correct to the best of their knowledge, information, and belief. The parties agree not to engage in any activity involving alcoholic beverages at the premises described herein until appropriate approval(s) by the Department of Alcoholic Beverage Control have been issued. The undersigned hereby swear and affirm that once the approval(s) is issued, they will abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

Signature of Brewer:

X._____ Title _____ Date _____

Print name of person signing: _____

Signature of Importer or Master Supplier (if applicable):

X._____ Title _____ Date _____

Print name of person signing: _____

Signature of Kentucky Malt Beverage Distributor:

X._____ Title _____ Date _____

Print name of person signing: _____

Signature of Distributor being replaced by this agreement (if applicable):

X._____ Title _____ Date _____

Print name of person signing: _____

Kentucky ABC License Number# _____

Completed forms may be sent to:

FRANKFORT: Dept. of Alcoholic Beverage Control http://abc.ky.gov/

1003 Twilight Trail, Frankfort, KY 40601

(502) 564-4850 - Phone

(502) 564-1442 - Fax

Mail - Fax - Email to: Abc.Malt@ky.gov

E-mail to ABC