

Advisory Opinion Request Form
July 2017



ALCOHOLIC BEVERAGE CONTROL
COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-584-4850 phone
502-564-1442 fax
<http://abc.ky.gov>

Date received

AOR NO.: _____

FOR ABC USE ONLY

ADVISORY OPINION REQUEST FORM

Attach additional pages as necessary and any documentation, research, or other evidence that you request the Department to consider.

Name of Requestor (individual or business entity): Leo F. Camp, Wyatt, Tarrant & Combs, LLP

Address: 500 West Jefferson Street, Suite 2800

City: Louisville State: KY County: Jefferson

Zip Code: 40202 Phone Number: 502-562-7552

Email: lcamp@wyattfirm.com

The above individual or business entity requests an: Advisory opinion Reconsideration request

If this is a reconsideration request or comment, the application Advisory opinion number: _____

Question or issue to be addressed: What constitutes "food" for purposes of determining the required percentages for food vs. food and alcohol gross receipts for caterer's and NQ-2 (restaurant) licensing purposes?

Applicable statutes, regulations, ordinances, or other authority: KRS 243.033 and KRS 243.084

Proposed response, comment, or basis for reconsideration request: For purposes of KRS 243.033 and KRS 243.084, "food" shall mean any and all food and beverages or food products intended for human consumption, other than alcoholic beverages or tobacco, including food prepared for immediate consumption and prepackaged or pre-prepared food and beverages, regardless of whether such food or beverage was prepared by the license holder.

To your knowledge, is the question for which you request an advisory opinion or reconsideration pending before, under investigation by, or recently decided by a court or government entity? Yes No

If yes, please identify the court or government agency, any case or proceeding number, and filing dates of the proceeding or investigation _____

Signature of Requestor or Requestor's Agent X lwf. Camp Date 8/29/18

Signer's Name and title if requestor is a business entity _____ Date _____