SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

804 KAR 4:400. Applications incorporated by reference.

"New License Application," 2024, 10 pages

This document serves to show the content of the online application available through the department's online licensing management portal used by businesses and individuals to apply for any new annual alcoholic beverage license, taking the place of "Basic License Application," "Transporter License Application," "Out-of-State Supplier License Application"; and "Special Agent's or Solicitor's License Application."

"New License Application" contains questions formerly found in the previous paper "Basic License Application," "Transporter License Application," "Out-of-State Supplier Application," and "Special Agent's or Solicitor's License Application." Sections in those constituent forms which were for department personnel or local ABC administrator use only have been removed.

Questions in Section A, C and Questions 1, 3, and 5-8 of Section D of the "Basic License Application" regarding ownership of the business to be licensed, address and contact information of the business, and address and contact information of each site to be licensed have been removed and will be contained in the "Add Owner Form," which, along with "Add Company"; and "Add Site" will serve in a dual account management/background information role.

Questions 2, 4, 9, 10 in Section D of the "Basic License Application" have been retained in the New License Application.

- Question 2 has been modified to ask more generally about a "written agreement" rather than offering specific kinds of written agreements as follows: "Does the applicant own the premises to be licensed or have possession of it under a written agreement, such as a lease?"
 - o Additionally, although the duration is still required by statute, the portion of the question specifying "for the entire license period" has been removed.
 - Also, the New License Application accepts a lease in lieu of "a legal description of the boundaries of the premises".
- Question 4 has been modified to "Has the applicant or any person listed above ever been licensed to produce, sell, or otherwise traffic in alcoholic beverages?" rather than just "licensed to sell."
 - Answering in the affirmative reveals the three checkboxes for licensee types
 - Checking any of the licensee types reveals fields to provide the business name and state
- Question 9 has been modified to "Are you purchasing, or have you recently purchased this business?" and if answered affirmatively, the seller's DBA, site ID, name, address, phone number, and email are requested. The remaining subquestions and requests under Question 9 have been removed as they can be automatically retrieved from KYBOS.

• Question 10 has been retained in its original language, but the subquestion has been removed for new applicants.

License Types in Section E of the "Basic License Application" have been retained, and additional annual licenses not present in the "Basic License Application" have been added, to the "New License Application" in the appended License Types List, which contains all of the license types available in the "New License Application" and the description of each license as it appears in the "New License Application." These licenses are dynamically offered as options in the "New License Application" based upon the applicant's answers to questions in the "New License Application."

- The checkbox descriptions, options, and instructions under some of the license types in Section E of the "Basic License Application" have not been retained. However, any documents required to be provided or attached by these instructions are still required.
- The additional annual licenses in the License Types List not previously selectable in the "Basic License Application" include the transporter license, out-of-state distilled spirits and wine supplier license, limited out-of-state distilled spirits and wine supplier license, out-of-state malt beverage supplier license, limited out-of-state malt beverage supplier license, in-state distilled spirits supplier license, limited in-state distilled spirits supplier license, limited non-quota package license, and off-premises retail sales outlet license. These licenses were either offered in other forms no longer to be offered forms or have been added via statute or regulation since the last time these forms were updated in 2017.

Section F, the "Check List" on Page 9, and the information and additional questions on Pages 10 to 16 of the "Basic License Application" have not been retained in any of the Department's forms.

Questions regarding payment of fees by check or money order were removed as payment will be made only on the department's online licensing management portal via credit card, debit card, or ACH debit.

Only Question 2 of Section E of the "Transporter's License Application" has been retained and is made part of the "New License Application." However, it has been modified to say "DOT Carrier Number Verfication" with a checkbox to "Skip DOT Carrier Number" and a field to enter "DOT Carrier Number" for it to be verified electronically. Questions 1 and 3 of Section E were not retained. The remaining Sections of the "Transporter's License Application" were redundant to the "Basic License Application" and did not need to be carried over.

All the Questions in the "Out-of-State Supplier License Application" were redundant to the "Basic License Application" and therefore were not specifically retained.

Finally, all the Questions specific to the "Special Agent's or Solicitor's License Application," namely Section E, have been retained in either the "Add Company Forms" or the "New License Application" form. The other Questions were redundant to the "Basic License Application" and therefore were not specifically retained.

"Add Company" Form package 2024, 21 pages

This document serves to show the content of the online forms available through the department's online licensing management portal to register or update a business or personal profile and account with the Department of Alcoholic Beverage Control. The questions asked in the "Add Company Forms" provide ownership and business identity, location, and contact information relevant to applications for licensure completed on the department's online licensing management portal to reduce duplication of requests for this information upon application for subsequent or supplemental alcoholic beverage licensure.

Included within the "Add Company Forms" are the "Add Owner Form" and "Add Site Form." Together the "Add Company Forms" forms also include portions entitled "New Special Agent/Solicitor," New Out of State Supplier/Out Of State Manufacturer" and "New Transporter" which add background information for licenses that do not require licensed premises, including the agent solicitor license, the out of state supplier license, and the transporter license, and flag the user's profile to be able to apply for such licenses. Once that information is entered, users must still complete the "New License Application" and select the appropriate company and site added to apply for any relevant licenses.

The information requested by these forms is similar to the information formerly requested in Section A, C and some of Section D of the "Basic License Application." The instructions have changed from those in Section C to the following:

Complete the following for the business, proprietor, partner(s) and all persons having interest in the business to be licensed. If privately held, show 100% ownership to the second tier of ownership. If the business publicly traded, list the three highest ranking officers and any natural person who owns ten (10) percent or more. If the business is a non-profit or government entity, list the highest ranking director or officer.

The Section C information requested by the "Add Owner Form" now includes each interested individual's email address, and each individual's full SSN rather than only the last four digits, in addition to the previously requested information.

The Section D questions are present in the "Add Owner Form" if user-inputted information is needed, but are changed in how they are presented. The type of company is now selectable from a drop-down menu with the options substantively as "Government"; "Nonprofit"; "Publicly Traded"; or "Private." Subquestions a.-c. of Question 3 are removed as the information is now automatically populated from Kentucky Business One Stop (KYBOS).

Questions 5, 6, 7, and 8 of Section D in the "Basic License Application" have been retained in the "Add Owner Form."

• Questions 4 and 5 are combined as part of the "New License Application" as previously described and in modified form in the Update Owner/Officer portion as "Does the

individual have or has the individual had an interest in any alcoholic beverage business or the premises of any alcoholic beverage other than that for which you are herein applying?"

• Questions 6, 7 and 8 have been slightly modified to refer to the user and remove reference to statute. Answering affirmatively to Questions 6 and 7 results in demand for a criminal background check. Question 8 does not require a description upon affirmative answer.

"Temporary License Application" 2024, 7 pages

This document serves to show the content of the online application available through the department's online licensing management portal used by businesses and individuals to apply for temporary event licenses under KRS 243.260 or KRS 243.036.

"Temporary License Application" contains questions formerly found in the previous paper "Special Temporary License Application." Sections in that form which were for department personnel or local ABC administrator use only have been removed.

Section A is retained, although in a different order. "Contact person" has been changed to "Host Details" but the same information is requested.

Section B is retained except for Question 1 regarding payment of fees by check or money order. It was removed as payment will be made only on the Kentucky Alcoholic Beverage Control Online Portal via credit card, debit card, or ACH debit. Question 2 is retained, though it is combined with Question 3. Question 4 is retained though answered with radio buttons for "Yes" and "No" and only the documents required by the option the user chooses are required.

Section C has been removed and the information requested through the "Add Company Form," with the addition of the individual's email address.

Section D is retained with some changes:

- Question 1 is removed, and instead the address of the premises is requested
- Question 2 is modified to "Are you applying on behalf of a qualified nonprofit?"
- Question 3 is removed, as the requested information can be retrieved from KYBOS.
- Question 4 is modified to request a description of the event be typed into a field, and a copy of a flyer for the event uploaded.
- Question 5 is modified to request "EVENT DAY CONTACT DETAILS" but the same information is requested.
- Questions 6 through 8 are removed as the information is requested through the "Add Company Form."

Section E is removed as redundant since the Question in Section A asked for the same information.

The Affidavit has been modified and is contained in the "Affidavit" form.

"Additional License Application" 2024, 5 pages

This document serves to show the content of the online application available through the department's online licensing management portal used by licensed businesses and individuals to apply for additional licenses for their licensed premises.

"Additional License Application" contains few questions, as most of those questions formerly found in the previous paper "Additional License(s) Application" sought identifying information about the licensee that is now retained in the Department's database as part of the licensee's profile. Since the licensee will now apply for the additional licenses from their dashboard on the department's online licensing management portal, information about the licensee's identity and licensure can be retrieved from the Department's database. The questions in the "Additional License Application" therefore ask about changes to the licensee's background information or premises and what additional licenses the licensee seeks to apply for.

"Transfer of Ownership Application" 2024, 11 pages

This document serves to show the content of the online application available through the department's online licensing management portal used by licensed businesses and individuals to apply for additional licenses for their licensed premises.

"Transfer of Ownership Application" retains the questions in Section B, C and D of the former "Transfer of Ownership Interest Application," adding a question about the transferee's email address and seeking their full social security number, rather than the last four digits thereof. Section A of the former application is not retained as the information is drawn from the licensee's database entry, and payment is made through the online portal.

Question 1 in Section C has been reworded to: "Does the individual have or has the individual had an interest in any alcoholic beverage business or the premises of any alcoholic beverage other than that for which you are herein applying?" Question 2 in Section C has been reworded and split into two questions, as follows:

"Has the individual been convicted of any felony been release from felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years? Has the individual been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?"

Question 3 in Section C has been reworded as well, to the following: "Are there any pending proceedings against the individual or related licensee for a violation of any statute or regulation which may result in the suspension or revocation of license(s)?"

Questions 4 and 5 regarding whether the *licensee* is in debt to a Kentucky Wholesaler or the Kentucky Department of Revenue have been removed, and replaced with the following

question about the individual transferee: "Has there ever been a suspension, denial, or revocation of any Kentucky alcoholic beverage license held by the individual listed above?"

The affidavit in Section D has been reworded to the language in the Affidavit incorporated by reference in this administrative regulation.

"Renewal Application" 2024, 21 pages

This document serves to show the content of the online application available through the department's online licensing management portal used by licensed businesses and individuals to apply for additional licenses for their licensed premises. It replaces the former paper "License Renewal Application."

Questions specific to requirements of specific licenses have been retained and appear dynamically based upon what licenses the applicant is renewing. Additionally, questions regarding continued ownership or possession of the licensed premises under a contract or agreement, criminal conviction of any interested persons, changes to the premises or licensed business that would require new application, and the sale of tobacco products are also included.

"License Types List" 2024, 2 pages

This document contains the names and descriptions of licenses offered through the applications on the department's online licensing management portal. These licenses populate lists on relevant applications based upon the user's input.

"Affidavit" 2024, 1 page

This document contains the boilerplate language used in the affidavit for any of the applications provided through the department's online licensing management portal.

"Instructions" 2024, 2 pages

This document contains the boilerplate language used in the instructions for completing any of the applications provided through the department's online licensing management portal.

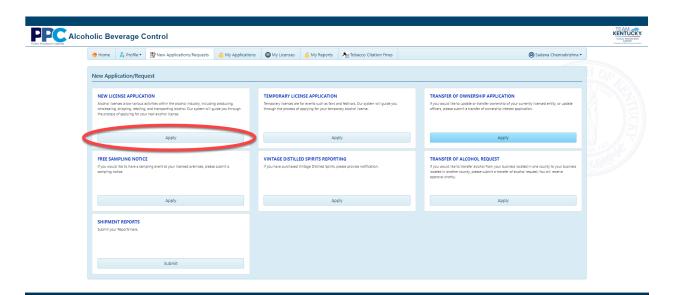
DELETIONS:

The following forms are to be deleted from the material incorporated by reference because they are now obsolete:

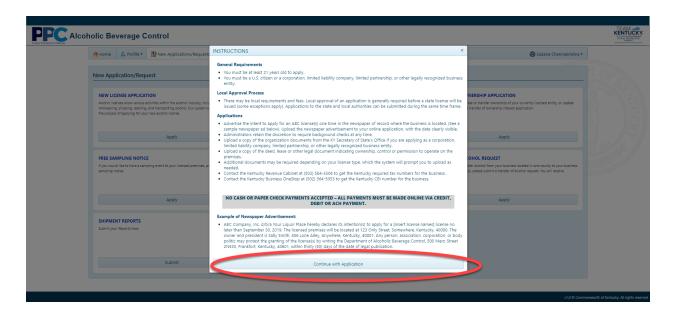
- "Basic License Application"; June 2017
- "License Renewal Application"; June 2017
- "Transporter's License Application"; June 2017
- "Out-of-State Supplier Application"; June 2017
- "Special Agent's or Solicitor's License Application"; June 2017
- "Special Temporary License Application"; June 2017
- "Transfer of Ownership Interest Application" June 2017;
- "Online eServices Portal" June 2017
- "Online License Renewal Portal-KYBOS" June 2017.

New License Application

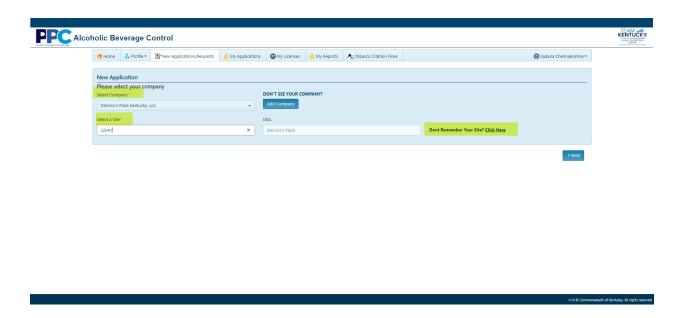
1. Select "New Applications/Requests" from the top menu bar. And, then select "Apply" in the NEW LICENSE APPLICATION tile.



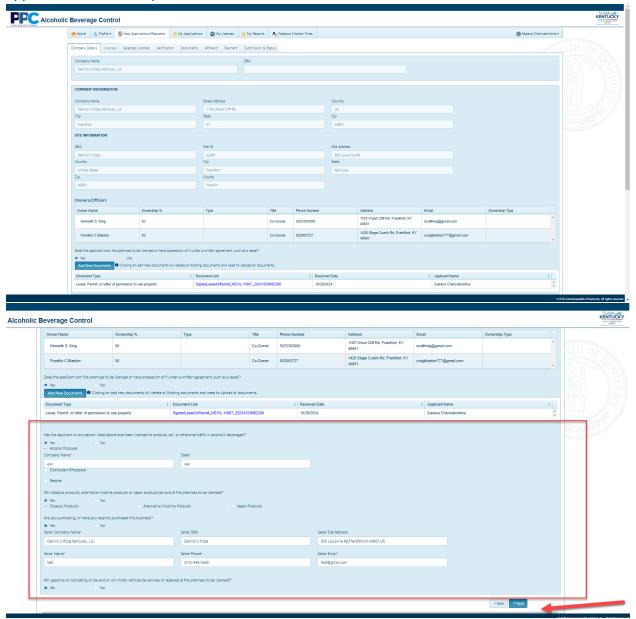
2. An instructions page will be displayed, providing details on how to apply.



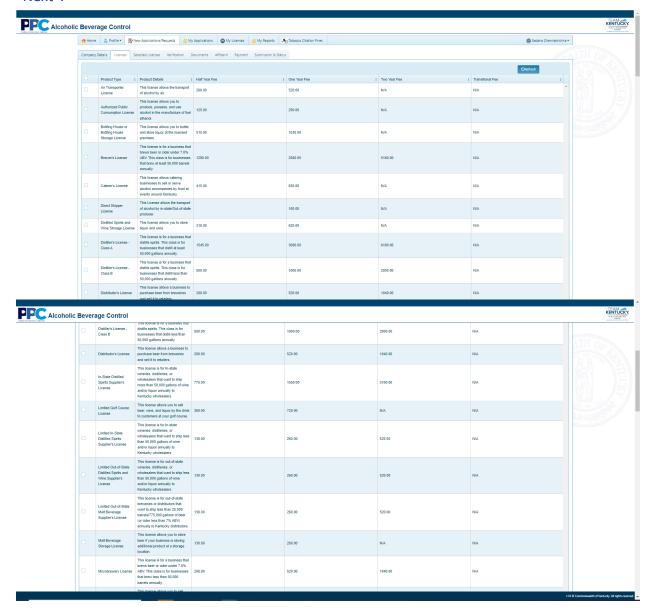
 At the next screen you will need to select the company and enter the site you created in Company Details. Once all information is provided select "Next".
 (If you forgot the site number you can select "Don't Remember Your Site? Click Here" link.)

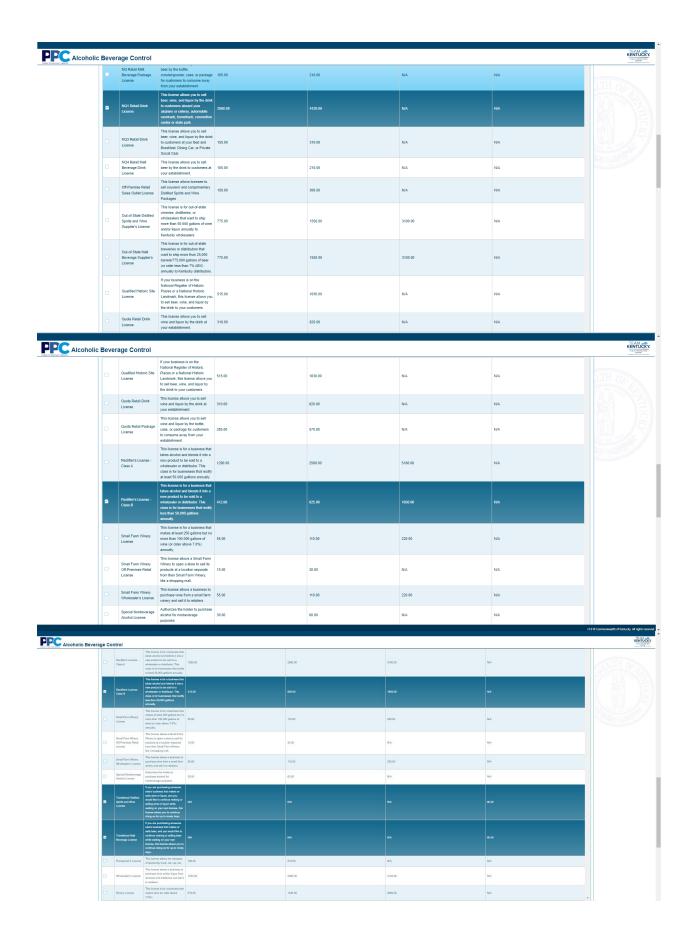


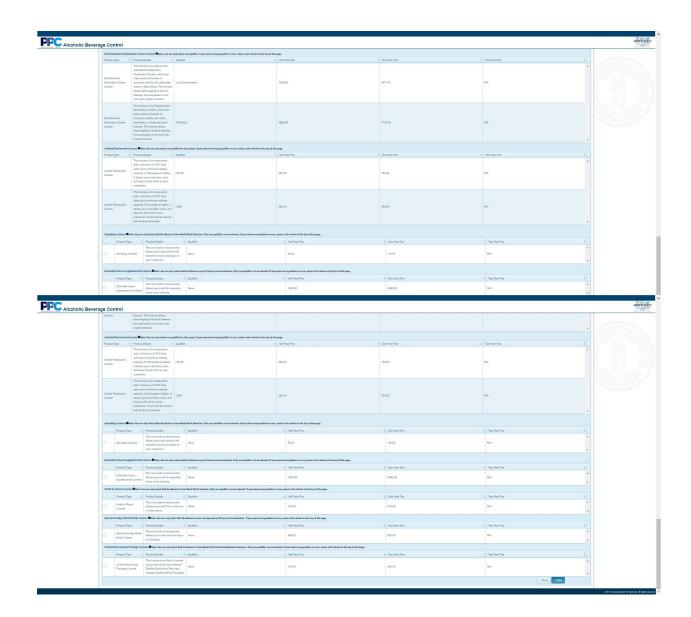
4. Once you select next you will need to answer additional questions as it relates to your application. Once completed select "Next".



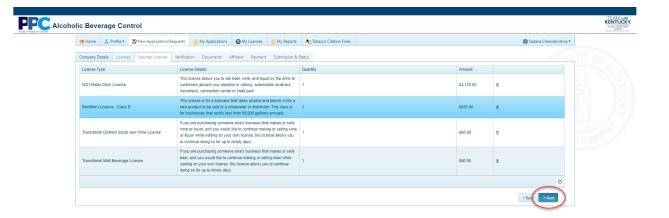
5. Once on the "Licenses" tab, select the license types you wish to apply for and select "Next".



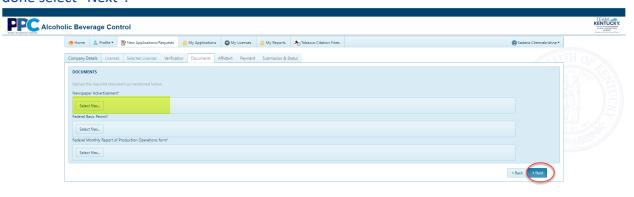




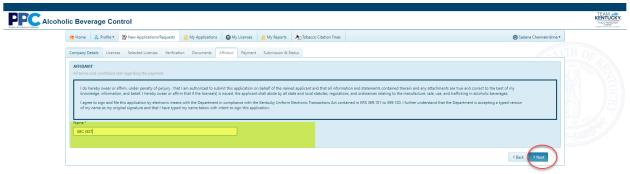
6. Next you will see the list of all selected licenses.



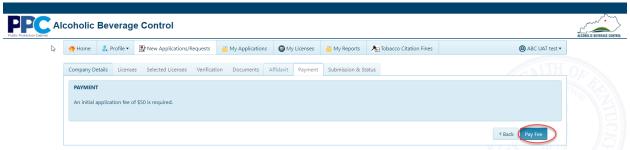
7. The next tab is the "Documents" tab where you will upload any documents required to process your application. In the example below an advertisement is needed. In order to attach click the "Select Files.." button and navigate to the file you wish to upload. Once done select "Next".



8. Next you will sign the affidavit by entering your name then clicking "Next".



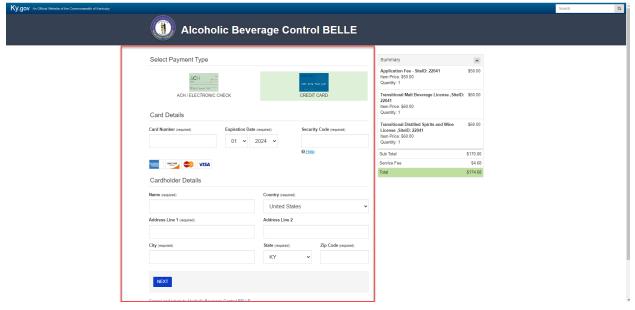
9. Once you select "Next" you will then proceed to "Pay Fee".



10. You then will be redirected to the Kentucky Interactive payment page where you will select your method of payment.



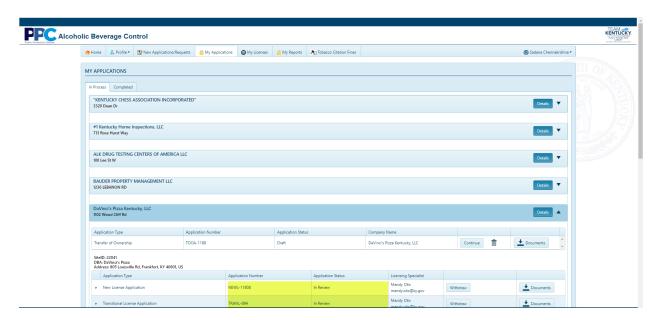
11. At the next screen you will provide the information for whichever payment method you selected previously and continue by selecting "Next". (This example is for credit card.)



12. At the confirmation page select "Pay Now"

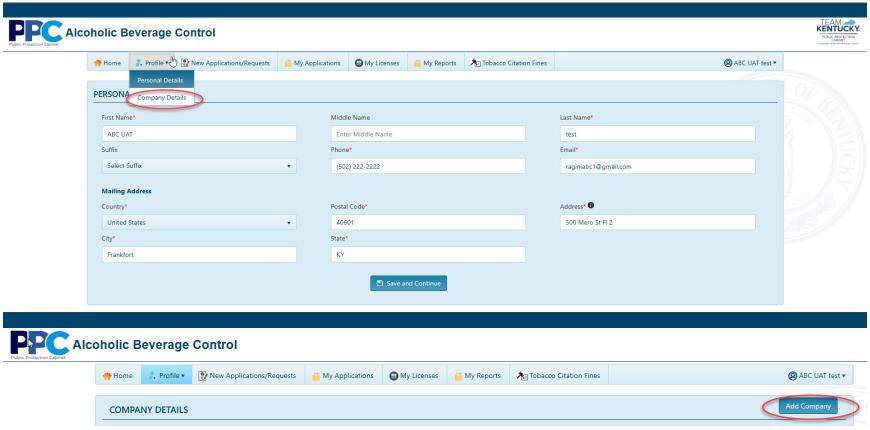


13. Upon successful payment you will be redirected back to the ABC portal where you will see a newly created application and an application successfully submitted message.

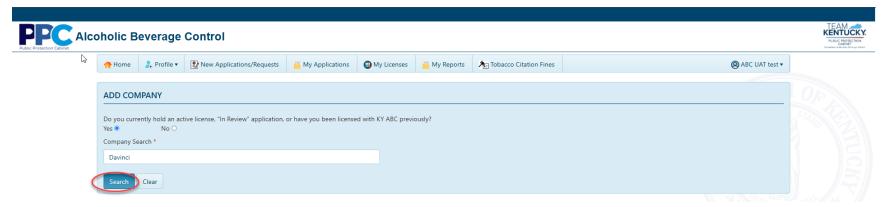


Profile – Company Details – Add Company

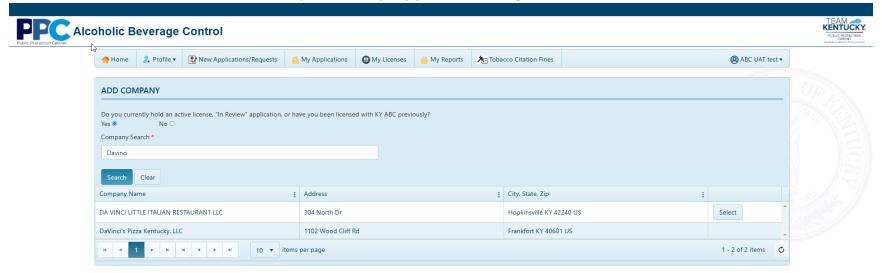
1. Under the profile tab click COMPANY DETAILS to add your parent company. If you already claimed one company and trying to add another one, click on the "Add Company" button to add a new company.



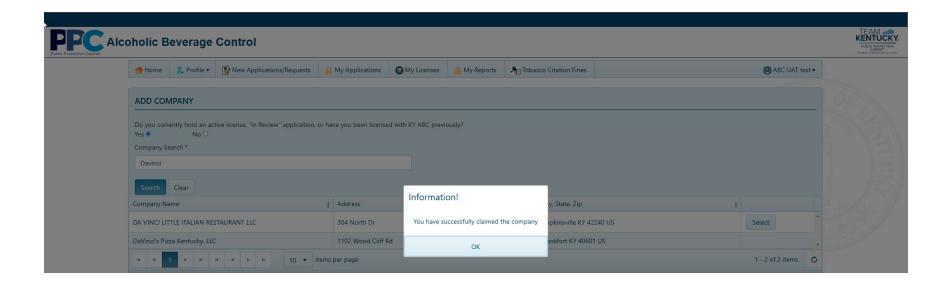
2. If you selected "Yes" you will be prompted to search for the parent Company. If you currently hold an active license other than agent solicitor with the Kentucky Department of Alcoholic Beverage Control, select "Yes" if not select "No".



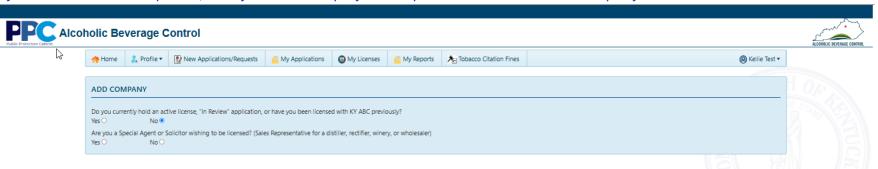
3. A list of results will be returned, select the parent company you are wishing to add.



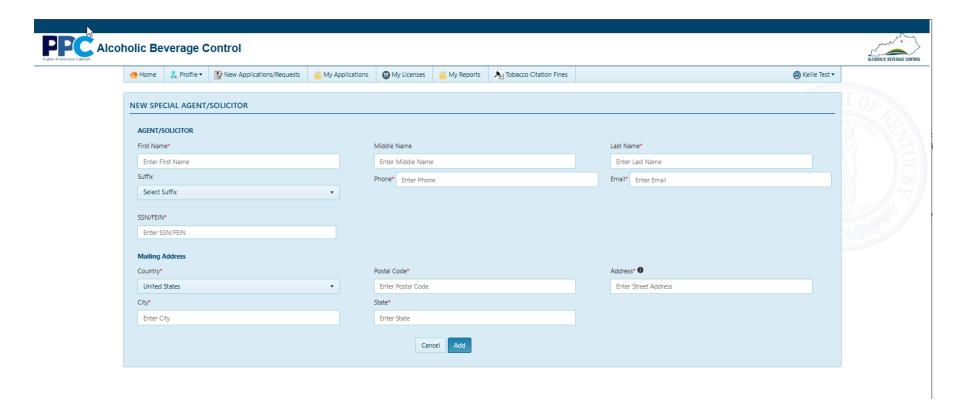
4. Next you will be prompted to provide your CBI number or FEIN number and select "Confirm". If the information entered is correct you will receive a notification message that your parent company has been added. (The Commonwealth Business Identifier (CBI) is the most accurate method of claiming the parent company.)



5. If you selected "No" to the first question, you will be prompted with different options to add the parent, Company. If you selected "yes" from the below options, the system will display the respective form to add the company.



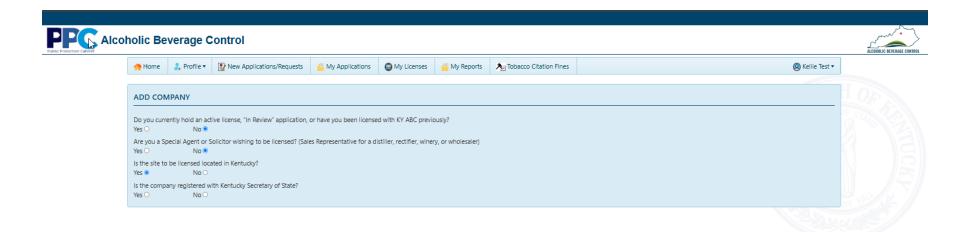
6. If user selects "Yes" to the second question "New Special Agent / Solicitor" form will be displayed



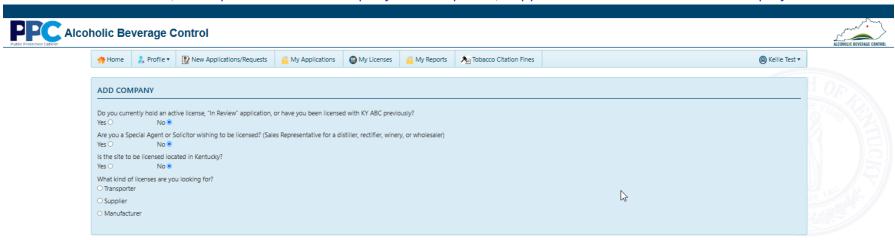
7. If the user answers "No", next question will be displayed.



8. If the user answers "Yes", next question will be displayed.



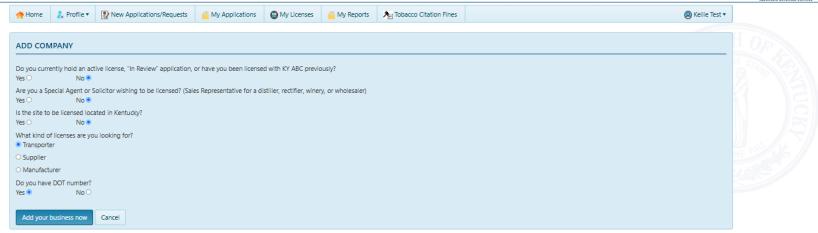
9. If the user answers "No", next option to enter a company as Transporter, Supplier and Manufacturer will be displayed.



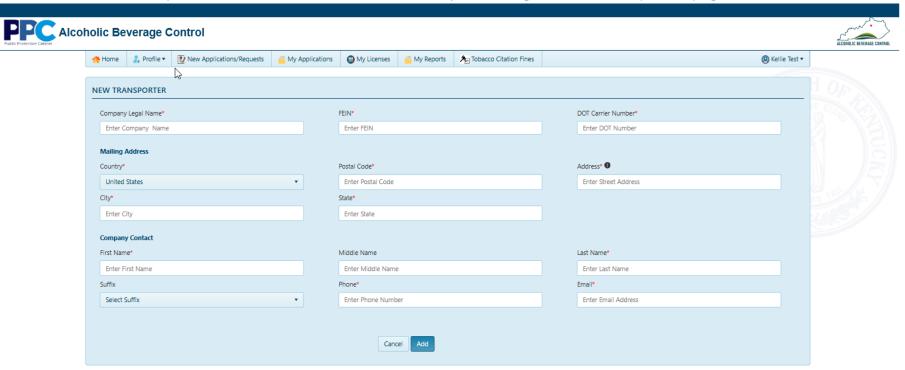
10. If "Transporter" is selected the system will ask if user has DOT number.



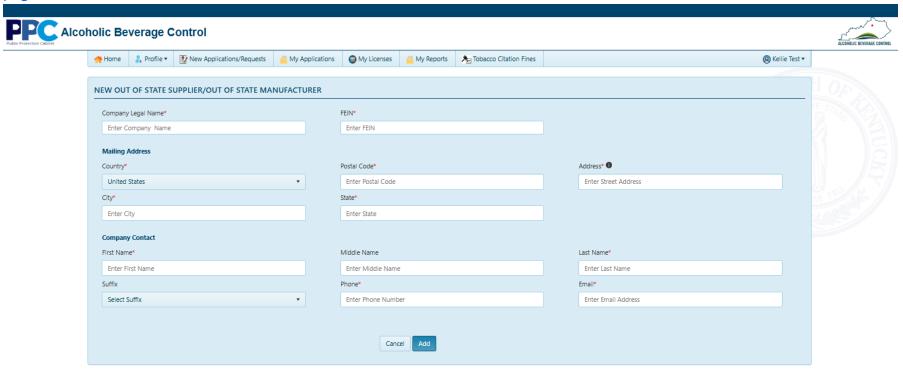




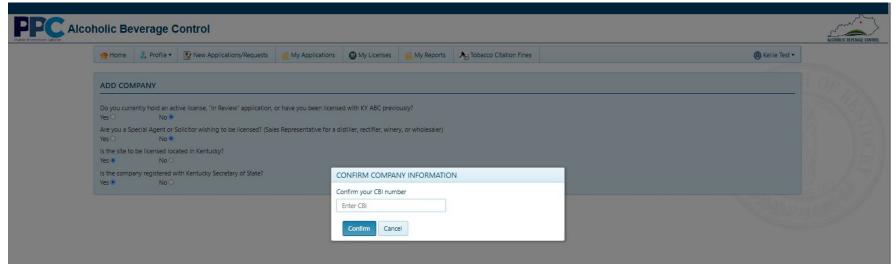
11. If the user selects "Transporter" and has "DOT number" then the system will go to "New Transporter" page.



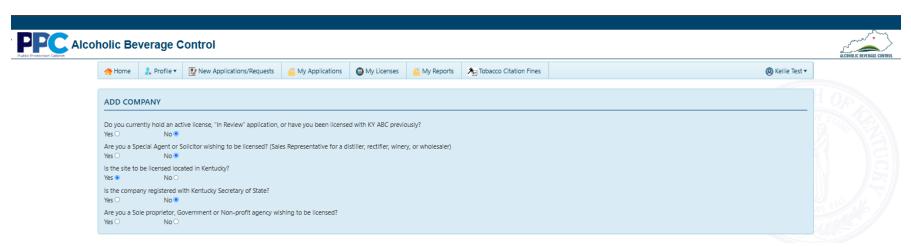
12. If user selects "Supplier or Manufacturer" the system will display the below "New Out of State Supplier / Out of State Manufacturer" page.



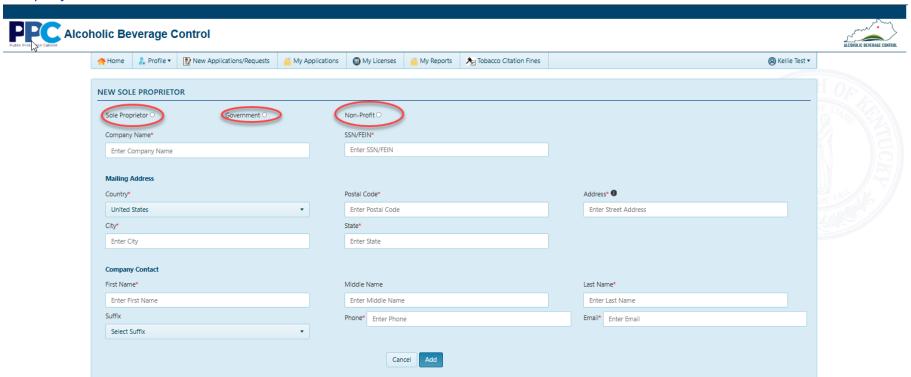
13. If the user answers "Yes" to the 4^{th} question, the system will ask for CBI number.



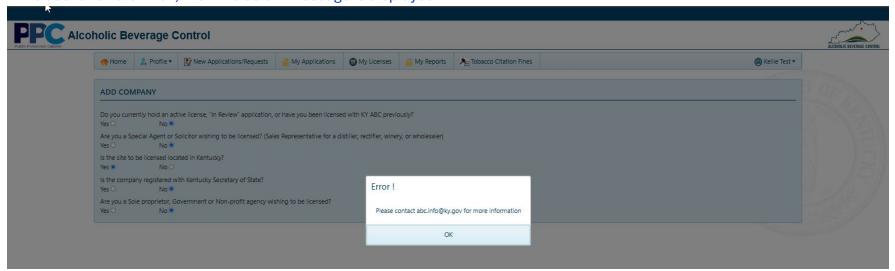
14. If the user answers "NO" to the 4^{TH} question, then next question is displayed.



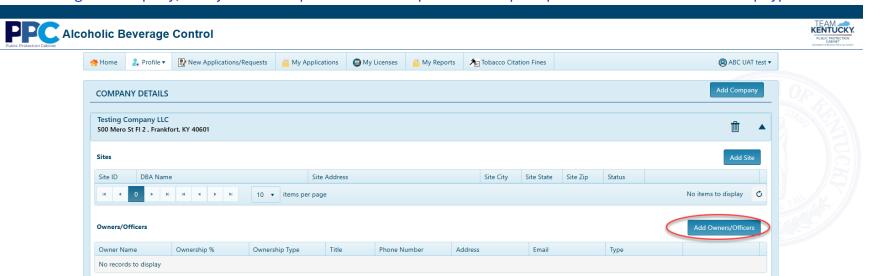
15. If the user answers "Yes" the system will take to the below page for entering "Sole proprietor" or "Government" or "Nonprofit" company details.



16. If the user answers "No", then the below message is displayed.



17. After adding the company, next you need to provide ownership. Follow the prompts to enter different ownership types.













↑ Home	♣ Profile ▼	New Applications/Requests	My Applications	My Licenses	My Reports	₹ Tobacco	Citation Fines	
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Ownership	Type*		_					
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			or more. If the bu	siness is a non-profit or	government entity, list t	he highest ranking	director or officer.	
Please selec	ct from below fo	or company: Testing Company LLC	*					
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First Name	*		Middle Name				Last Name*	
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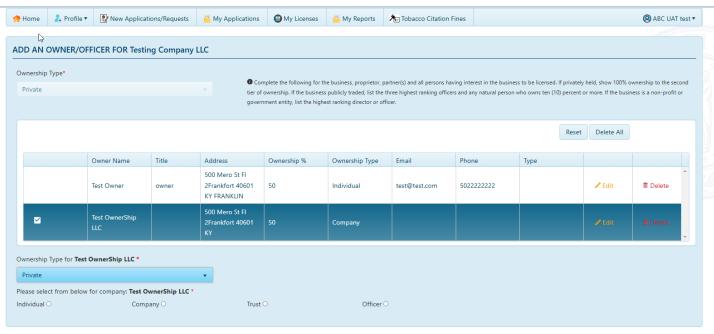
Mailing Address				
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United States	•	Enter Postal Code		Enter Street Address
City*		State*		List State(s) or Provinces person resided in past 5 yrs*
Enter City		Enter State		Select State(s) or Provinces
	ns are regarding the person above. ave or has the individual had an interest in any alcoholic by	peverage business or the premises of any alcoholic beverage other tha	an that for v	which you are herein applying?*
Yes O No	0 0			
Has the individual been	en convicted of any felony been release from felony custo	dy or felony incarceration, been on felony parole, or had a termination	n of felony	probation within the past five (5) years?*
Yes O No	00			
Has the individual been	en convicted of a misdemeanor directly or indirectly relate	ed to alcohol or a controlled substance within the past two (2) years?*		
Yes O No	00			
Has there ever been a s	suspension, denial, or revocation of any Kentucky alcoho	olic beverage license held by the individual listed above?*		
Yes O No	0 0			
Are there any pending	g proceedings against the individual or related licensee fo	or a violation of any statute or regulation which may result in the susp	ension or re	evocation of license(s)?*
Yes O No	00			
		Cancel Add		



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ADD AN OWNER/OFFICER FOR Testing Company LLC													
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		re regarding the con											
			nad an interest in a	any alcoholic bevera	ge business or the prer	nises of any alcoholic	beverage other than t	hat for which you are l	herein applying?*				
Yes O	No O												
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Yes O	No O		o company or rais	ted licenses for a visa	lation of any statute	r regulation which ma	ov regult in the custom	sion or revocation of E	conso(s)?*				
			e company or rela	neu ncensee for a vio	plation of any statute o	regulation which ma	ay result in the suspens	sion of revocation of II	cense(s)?"				
Yes ○	No ○				Cancel	Add							



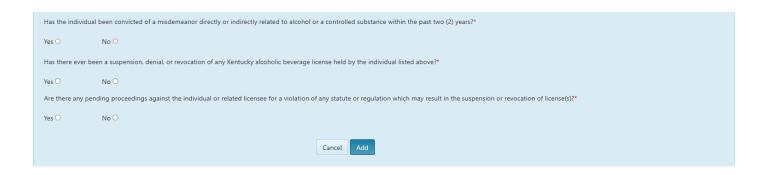








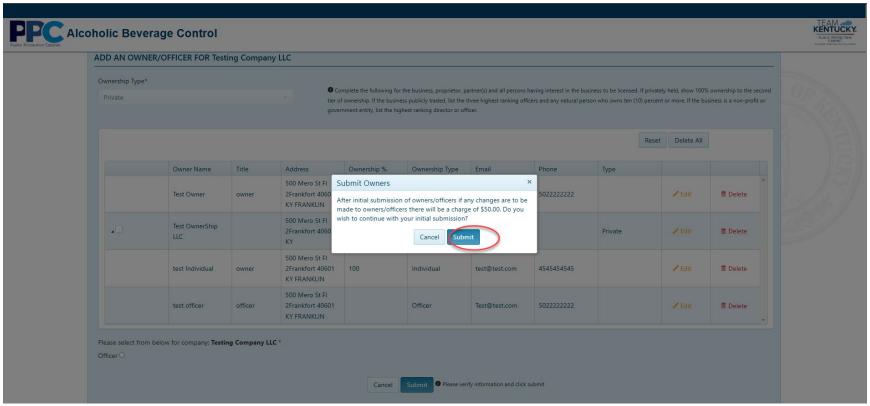
↑ Home	♣ Profile ▼	Profile ▼		My Applie	cations	My Licenses	My Reports	Tobacco Citation Fines					ABC UAT	test '
ADD AN	OWNER/OF	FICER FOR Testi	ng Company	LLC										
Ownership	Type*													
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		test Individual	owner	2Frankfort 40	0601	100	Individual	test@test.com	45454	54545			■ Delete	
				KY FRANKLIN	1									~
Please sele	ct from below	for company: Testin	g Company LLC	*										
Officer														
st Name*					Middle	Name				Last Name*				
nter First	Name				Enter	Middle Name				Enter Last	Name			
ffix					Phone*					Email*				
Select Suff	fix			•	Enter	Phone Number				Enter Ema	il Address			
le*					US Citiz					SSN				
Enter Title					Yes O	No O				Enter SSN				
ate of Birth	1*													
Enter DOB														
ailing Add	dress													
ountry*					Postal C	Code*				Address* ①				
United Sta	tes			•	Enter	Postal Code				Enter Stre	et Address			
ty*					State*									
Enter City					Enter	State								
ne followin	g questions ar	e regarding the pers	on above.											
oes the ind	lividual have o	r has the individual h	had an interest ir	any alcoholic	beverage	business or the pre	mises of any alcohol	ic beverage other th	an that for	which you a	e herein applyir	ng?*		
s O	No O													
s the indi	vidual been co	nvicted of any felon	y been release fr	om felony custo	ody or fel	lony incarceration, b	een on felony parole	e, or had a terminatio	n of felon	probation v	vithin the past fi	ive (5) years?*		
- 0	NI- O													



6. Once all the required owner/officer information is complete you will see a "Submit" button. Click "Submit" to see the "Success!" message.

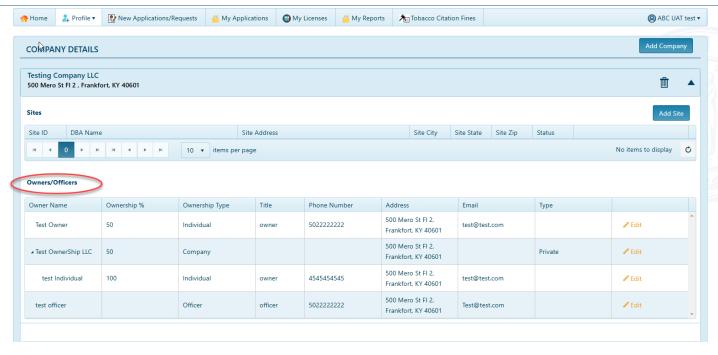


7. Once you select submit a notification will appear stating that after initial submission if you wish to change there will be an additional charge.



8. After successful submission of Owners / Officers you will see the submitted owners under the company in the "Company Details" page.

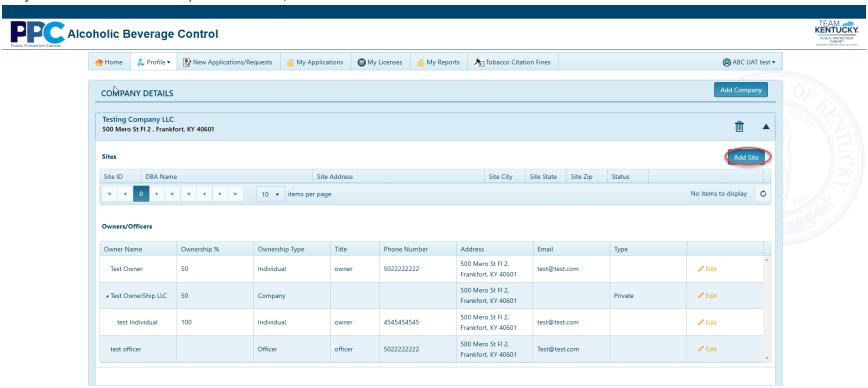




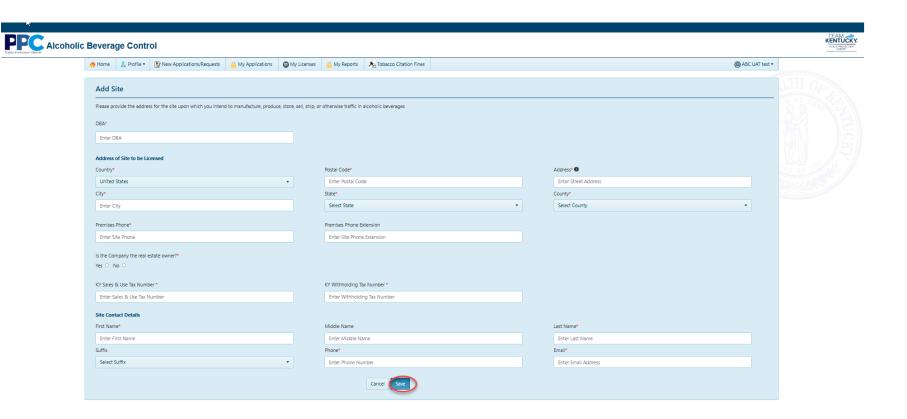
Profile – Company Details-Add Site

To add a site, you must be in the "Company Details" page and the parent company must have already been added.

1. Once on the Company Details page select the down arrow next to the company name to show more details. (If you already have sites they will show here as well.) To add a site, select the "Add Site" button.



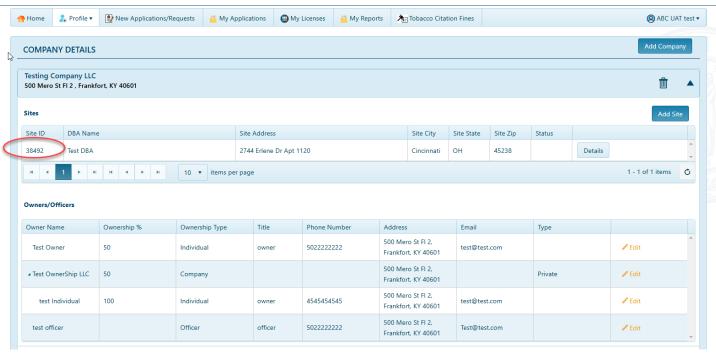
2. Next you will be asked to provide details for your new site. Note: You cannot have two sites at the same physical address. If you have suite addresses, they can be used.



3. Once your site is successfully added you will see it added under the parent company. Please make note of your site id as you will need it when applying.

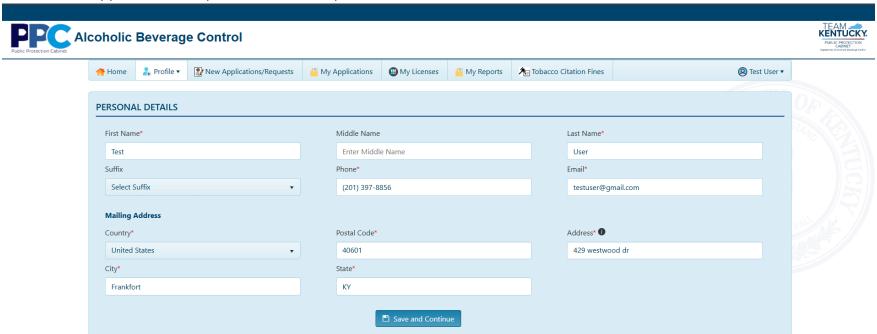




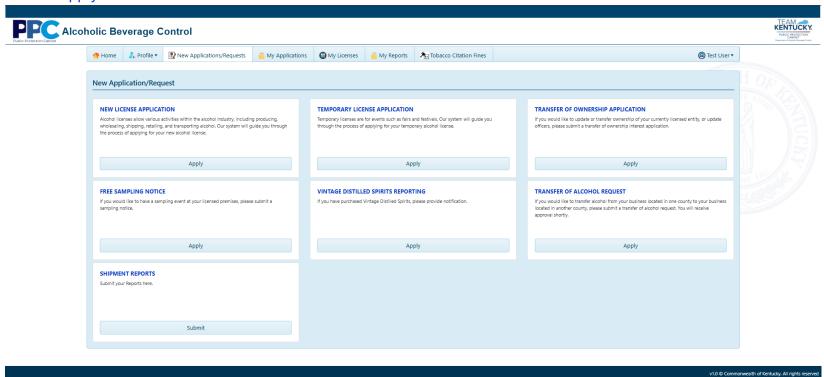


New Applications/Requests – Temporary License Application

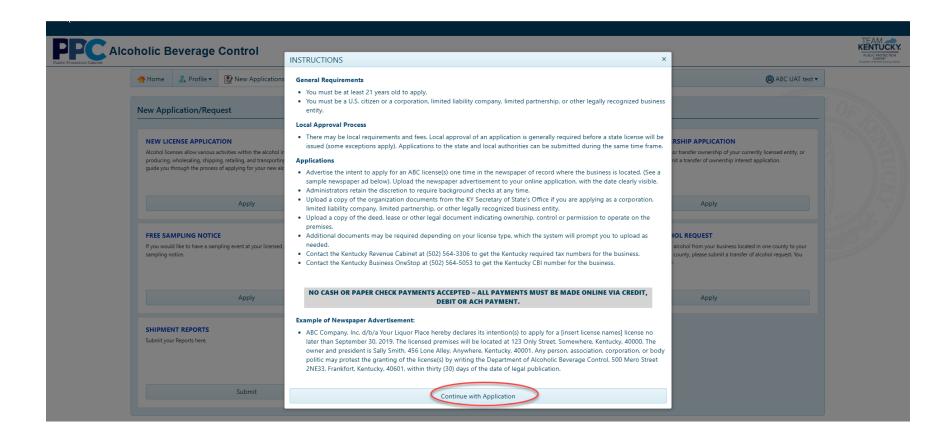
1. Select "New Applications/Requests" from the top menu bar.



2. Select "Apply" in the TEMPORARY LICENSE APPLICATION tile.



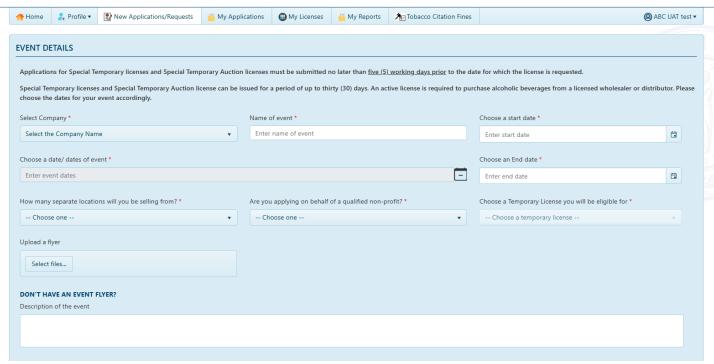
3. An instructions page will be displayed, providing details on how to apply.

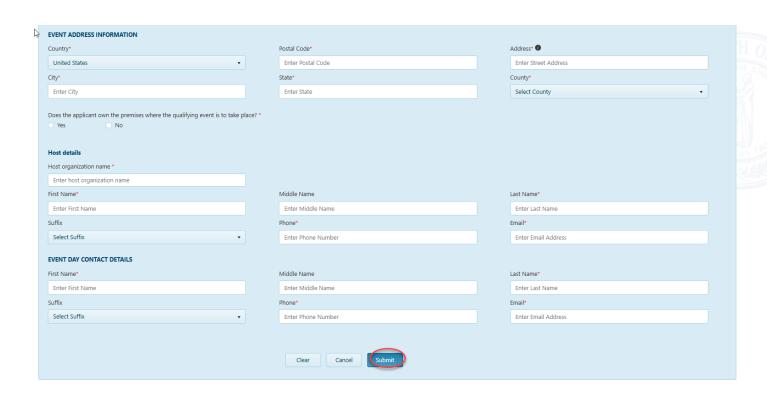


4. Next enter your event details and other necessary application information then click "Submit".







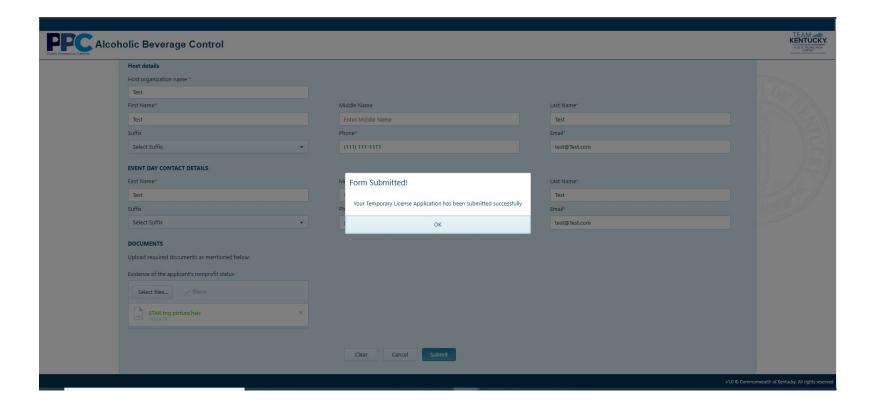






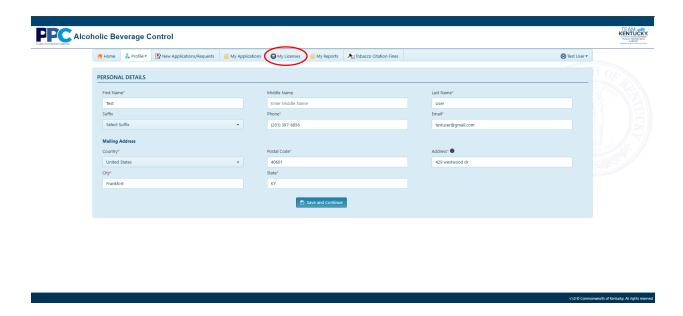
Country*	Postal Code"	Address* ①
United States •	Enter Postal Code	Enter Street Address
City*	State*	County*
Enter City	Enter State	Select County
Does the applicant own the premises where the qualifying event is to take pla Yes No Host details	ice? *	
Host organization name *		
Enter host organization name		
First Name*	Middle Name	Last Name*
Enter First Name	Enter Middle Name	Enter Last Name
Suffix	Phone*	Email*
Select Suffix ▼	Enter Phone Number	Enter Email Address
EVENT DAY CONTACT DETAILS	4.61.00	Last Name*
	Middle Name	
EVENT DAY CONTACT DETAILS First Name* Enter First Name	Enter Middle Name	Enter Last Name
First Name*		

5. Once you select Submit your will see message stating your temporary license application has been successfully submitted. Click "OK".

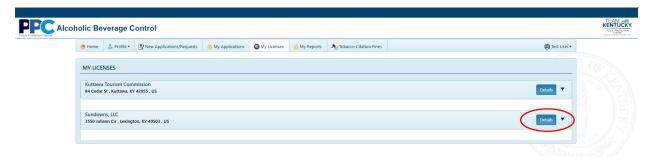


Apply for Additional License

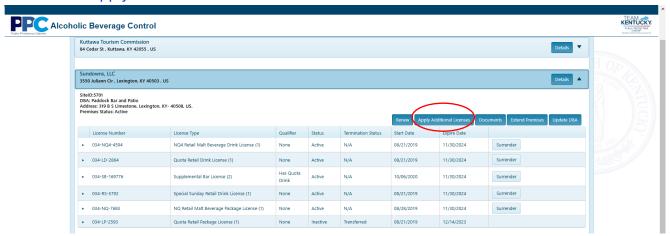
1. Select "My Licenses" from the top menu bar.



2. To the right of the company select "Details".

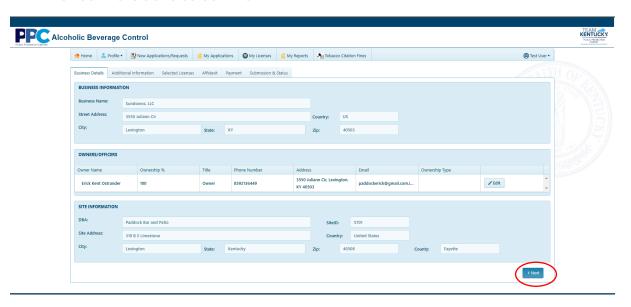


3. Next select "Apply Additional Licenses".

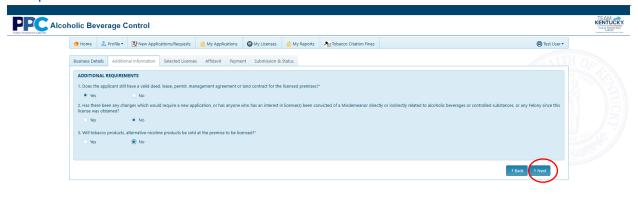


4. At the next screen you will need to enter and validate needed application details.

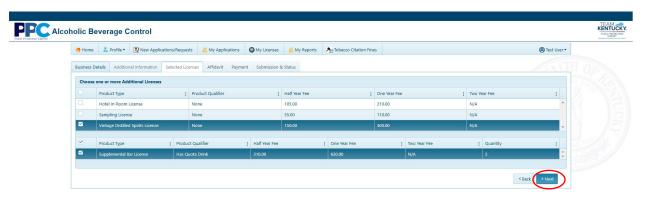
Once this is done select "Next".



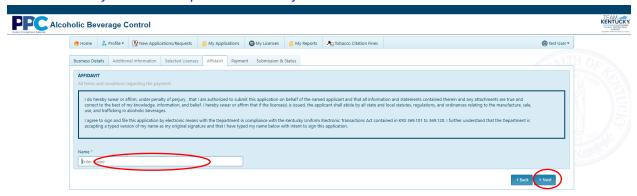
5. The next screen you will be asked to provide some additional information. When completed select "Next".



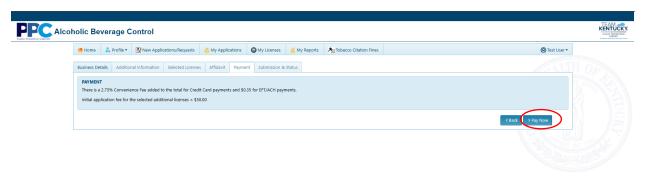
6. At the select licenses screen select the additional licenses for which you qualify and select "Next". (Note: Some licenses allow you to select a quantity. i.e. Supplemental Bar License)



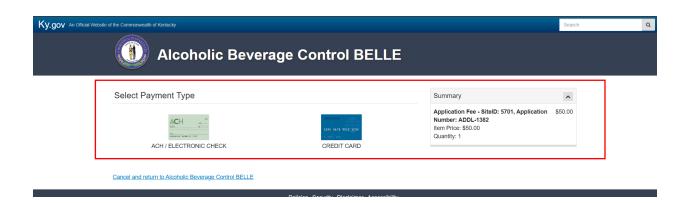
7. Next you will sign the affidavit by entering your name then clicking "Next". Once you select "Next" you will then proceed to "Pay Now".



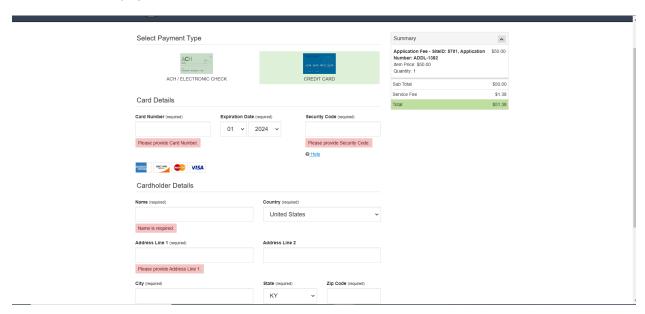
8. Once you select "Next" you will then proceed to "Pay Now".



9. You then will be redirected to the Kentucky Interactive payment page where you will select your method of payment.



10. Enter all the mandatory fields as applicable when you choose "Credit Card" as the mode of payment.

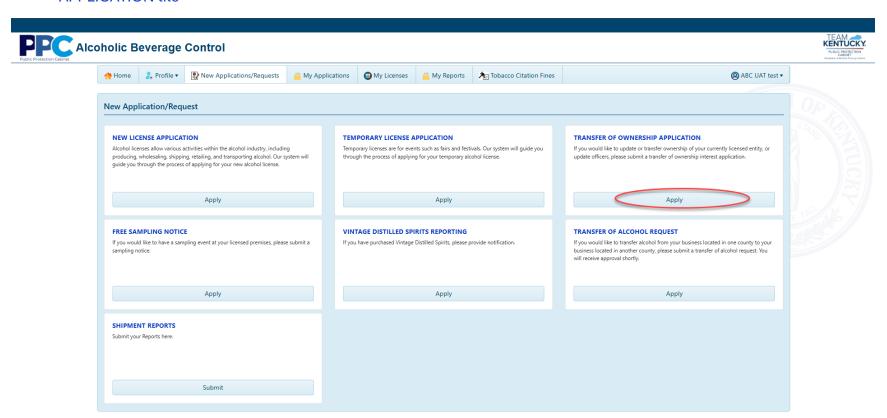


11. Once you make a payment, you will be redirected back to the BELLE application where you will see the below popup. When you click on "Ok" you will be redirected to "My Applications" page where you can see your submitted application under the Company.



Transfer of Ownership Application

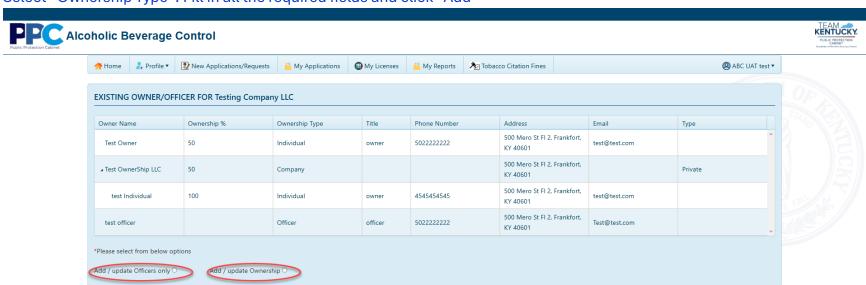
1. Select "New Applications/Requests" from the top menu bar. And, then select "Apply" in the TRANSFER OF OWNERSHIP APPLICATION tile



2. Select the company and click "Next".

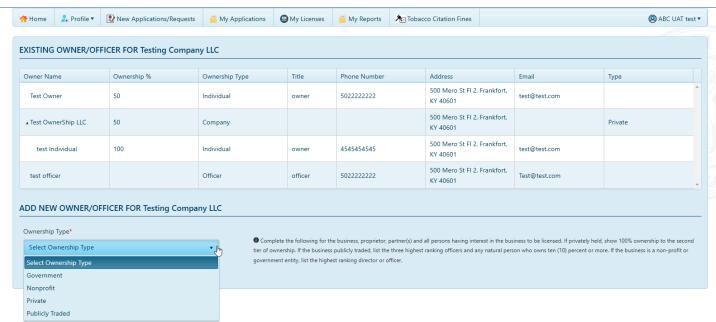


3. Select "Ownership Type". Fill in all the required fields and click "Add"





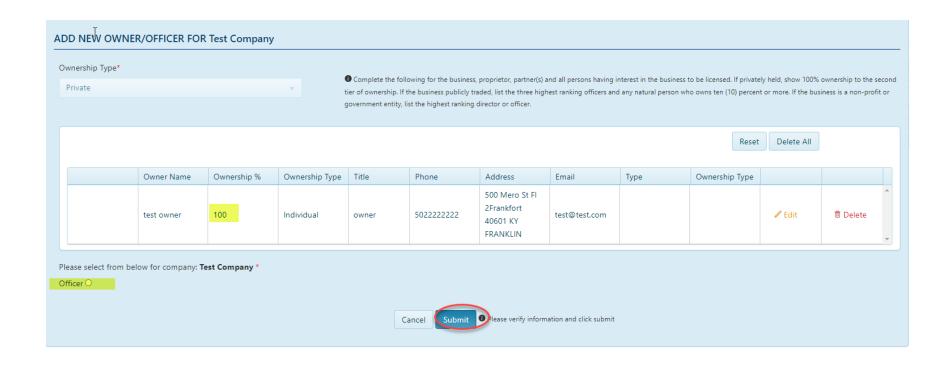




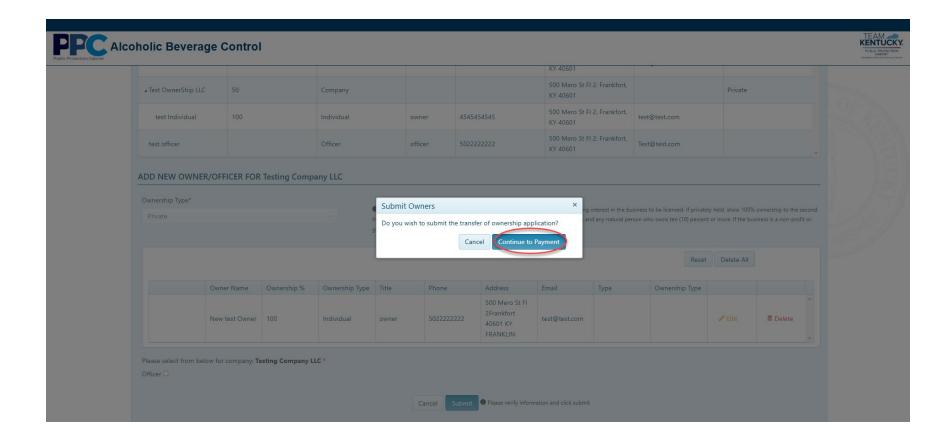
ADD NEW OWNER/OFFICER FOR Test Comp	pany					
Ownership Type* Private	•	• Complete the following for the business, proprietor, partner(s) and all persons having interest in the business to be licensed. If privately held, show 100% ownership to the second tier of ownership. If the business publicly traded, list the three highest ranking officers and any natural person who owns ten (10) perceive or more. If the business is a non-profit or government entity, list the highest ranking director or officer.				
Please select from below for company: Test Company Individual Company	*	Trust ○ Officer ○				
First Name*		Middle Name		Last Name*		
Enter First Name		Enter Middle Name		Enter Last Name		
Suffix		Phone*		Email*		
Select Suffix ▼		Enter Phone Number		Enter Email Address		
Title*		US Citizen*		SSN		
Enter Title		Yes O No O		Enter SSN		
Date of Birth*						
Enter DOB						
Percentage of ownership*						
Enter Percentage	A .					

Mailing Address								
Country*	Postal Code*							
United States ▼	Enter Postal Code	Enter Street Address						
City*	State*	List State(s) or Provinces person resided in past 5 yrs*						
Enter City	Enter State	Select State(s) or Provinces						
The following questions are regarding the person above.								
Do you have an interest in any alcoholic beverage business or the pri	emises of any alcoholic beverage business other than that for which you are he	rein applying?*						
Yes O No O								
Have you been convicted of any felony in the past five (5) years or been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?*								
Yes O No O	No ○							
Are there pending proceedings against the licensee for a violation of any statute or regulation which may result in the suspension or revocation of this license(s)?*								
Yes O No O								
Is the licensee in debt on the inventory to any Kentucky wholesaler reponsible for the collection and payment of the tax imposed under KRS 243.884?*								
Yes O No O								
Does the above individual have a 10% interest or more in any alcohol license type? (804 KAR 4:015)*								
Yes ○ No ○	No O							
Contact is process agent for Licensee legal notifications								
Cancel								

4. Add officers until 100% ownership. A "Submit" button will be visible after 100% ownership is satisfied. If there are officers for the company you can add officers and click "Submit"



5. Depending upon the "Ownership Type" the system will redirect to payment page.

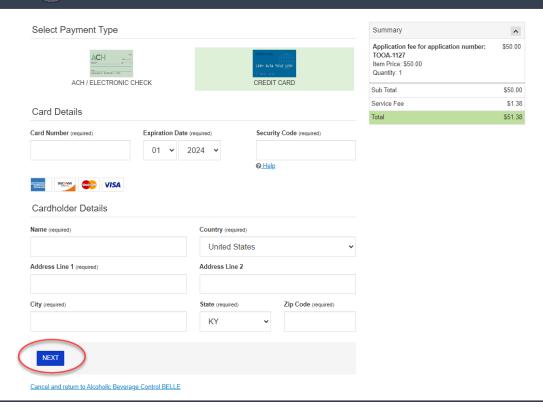


6. You then will be redirected to the Kentucky Interactive payment page where you will select your method of payment.

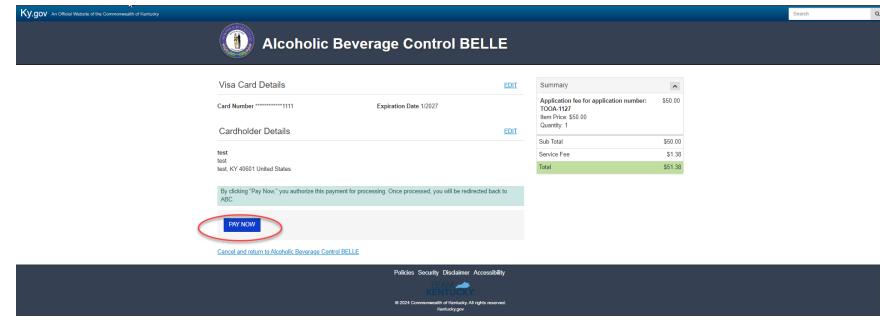


7. At the next screen you will provide the information for whichever payment method you selected previously and continue by selecting "Next". (This example is for credit card.)

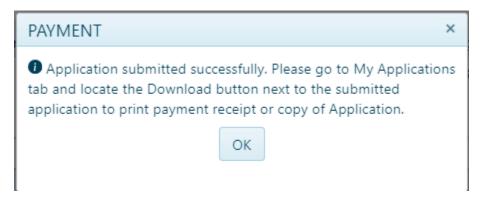
Alcoholic Beverage Control BELLE



8. At the confirmation page select "Pay Now"

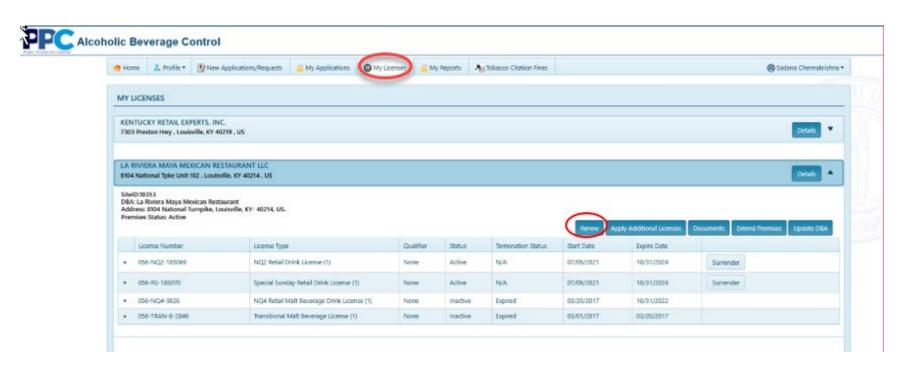


9. Upon successful payment you will be redirected back to the ABC portal where you will see a newly created application and an application successfully submitted message.

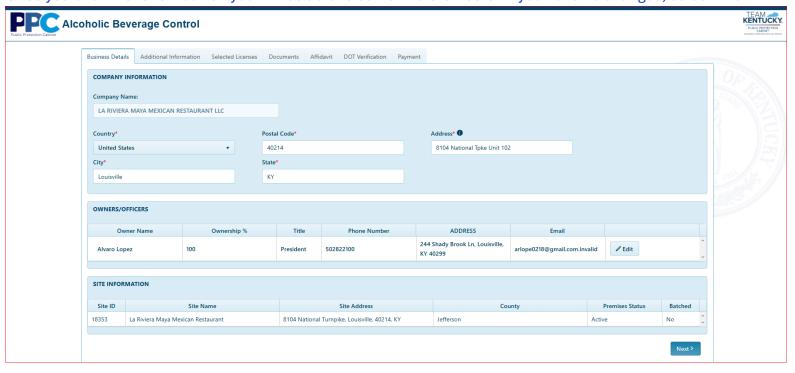


Renewal - Non-Batched Sites

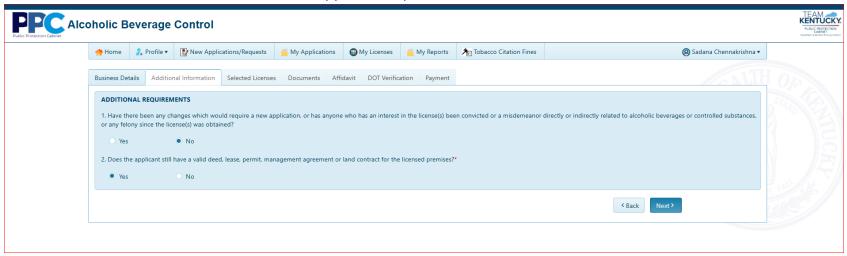
1. To renew license(s) select the "My Licenses" tab. To the right of the company select "Details". If the site has license(s) that are renewable click the "Renew" button.



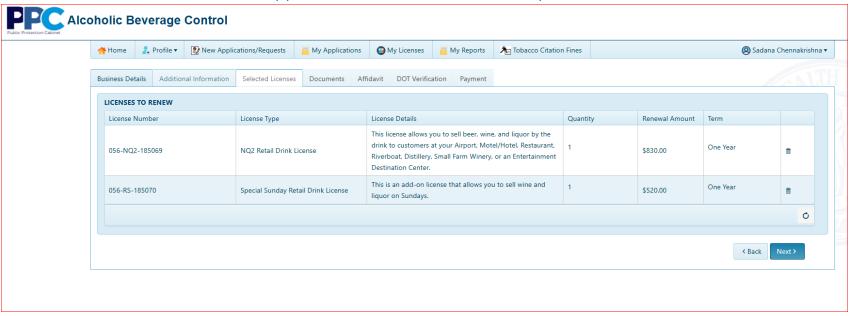
2. Once you click the renew button you will be able to edit owners/officers. If you have no changes, select "Next".



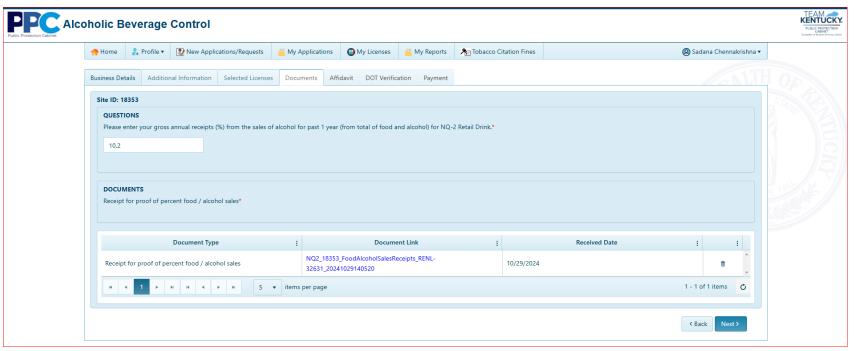
3. You will now need to answer some additional application questions and select "Next".



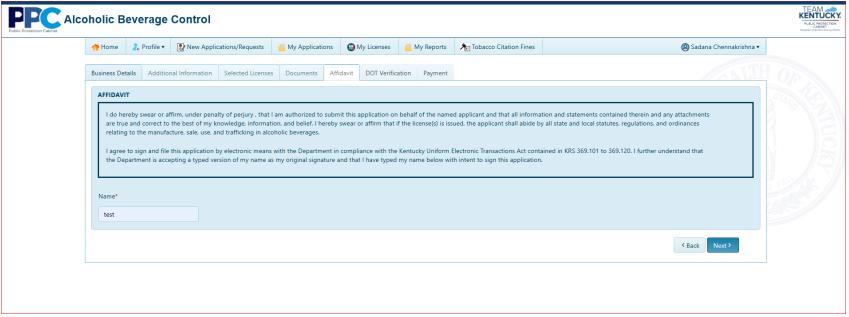
4. The next screen will show which license(s) which are available for renewal. To proceed click "Next".



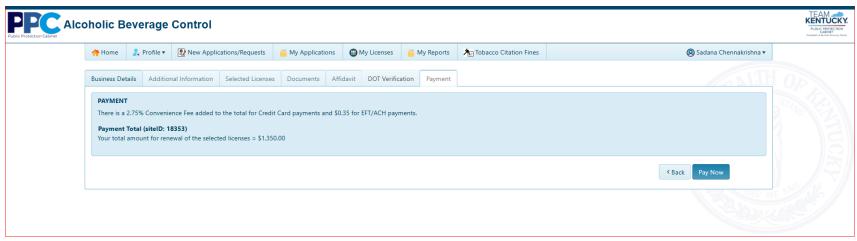
5. If supporting documents are needed you will be prompted to upload them under the "Documents" tab. Once done select "Next".



6. Next you will be asked to sign the renewal affidavit by typing your name and selecting "Next".



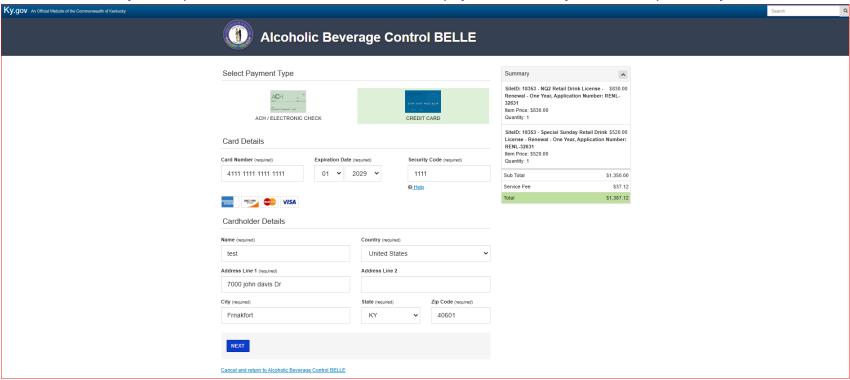
7. You will now be prompted for payment by selecting "Pay Now".



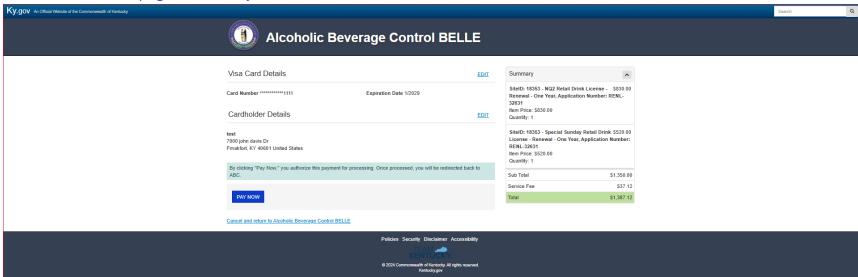
8. You then will be redirected to the Kentucky Interactive payment page where you will select your method of payment.



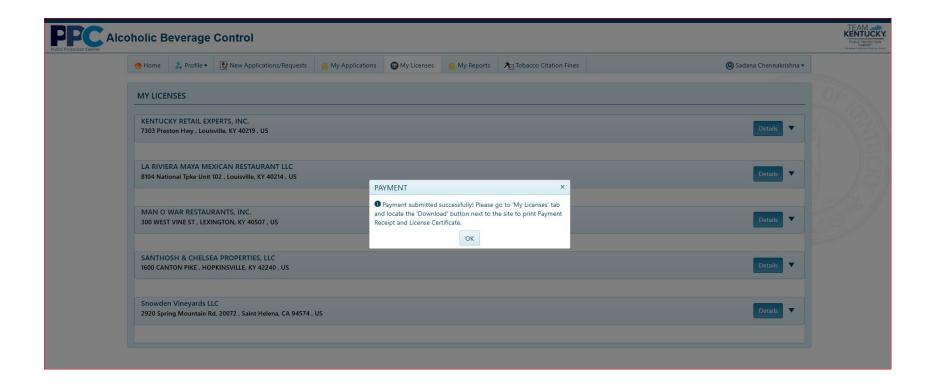
9. At the next screen you will provide the information for whichever payment method you selected previously



10. At the confirmation page select "Pay Now".

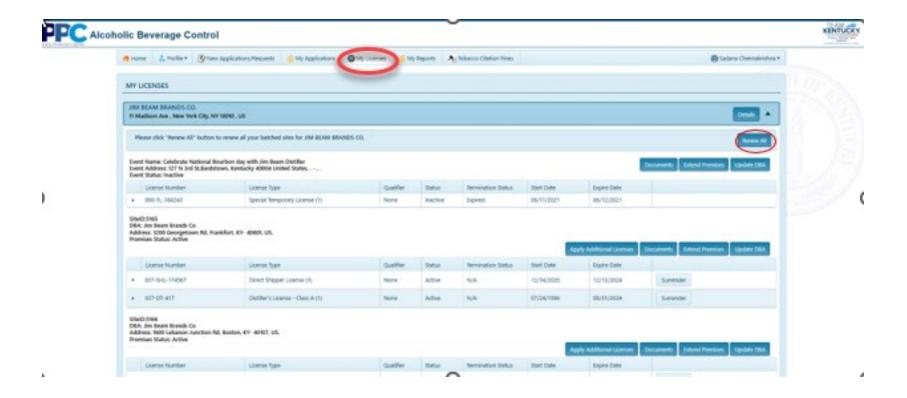


11. Upon successful payment you will be redirected back to the ABC portal where you will see a message with instructions on how to print your license.

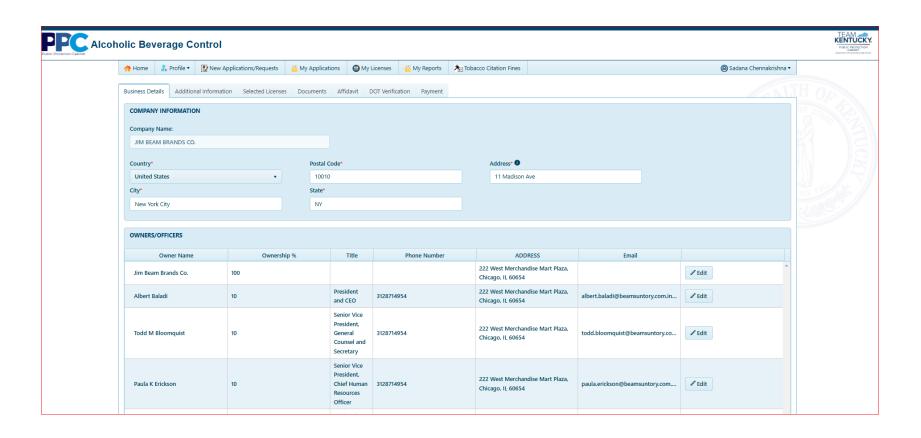


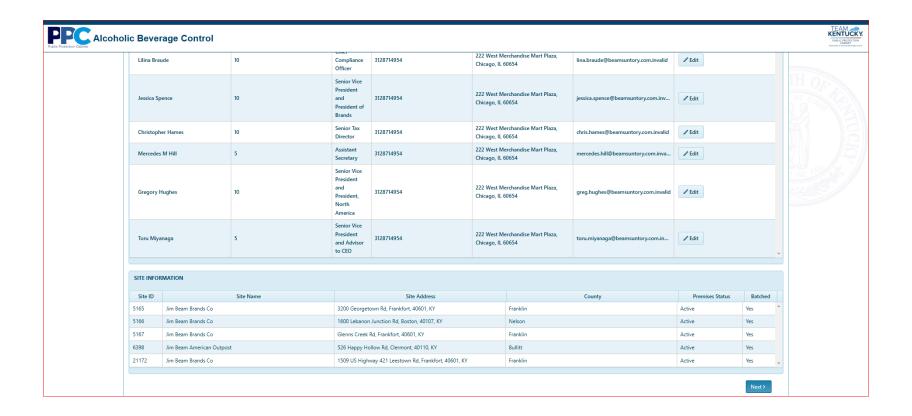
Renewal - Batched Sites

1. Any Company that has 3 or more sites are batched, meaning all licenses renew the end of August. To renew batched sites with licenses, the process is very similar to that of Non-Batched Sites. First select "My Licenses". To the right of the company select "Details". Once you expand the company, select the "Renew All" button.



2. Next you will be able to edit owners/officers. If you have no changes, select "Next".

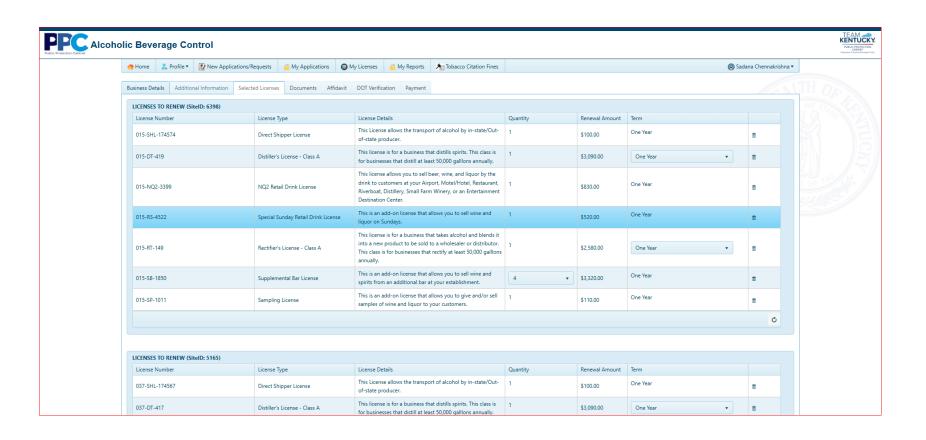




3. Next you will need to provide additional information for each site in the batch, then click "Next".

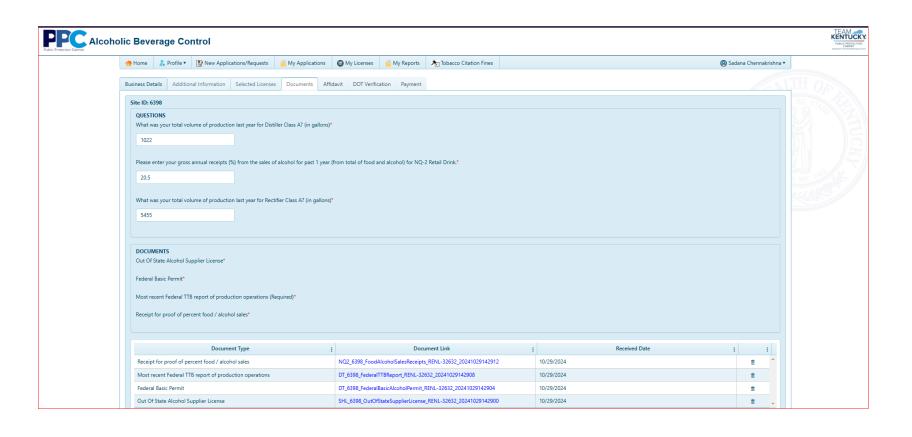


4. The licenses for each site that can be renewed will show under the Selected Licenses tab. You can remove licenses by selecting the trach can icon. Once reviewed click "Next" to proceed.



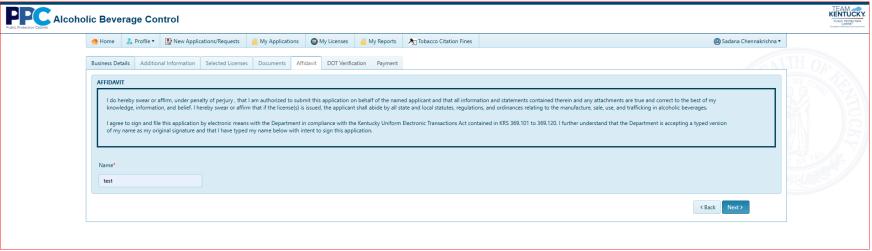


5. In the Documents tab will be prompted to upload any documents needed as part of the renewal process. Once done select "Next".

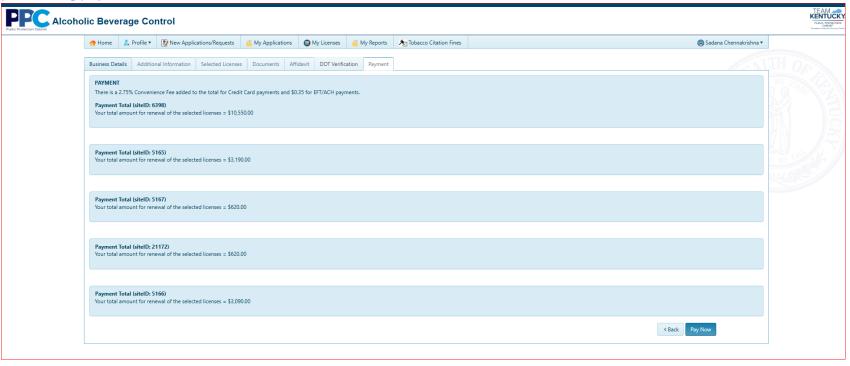




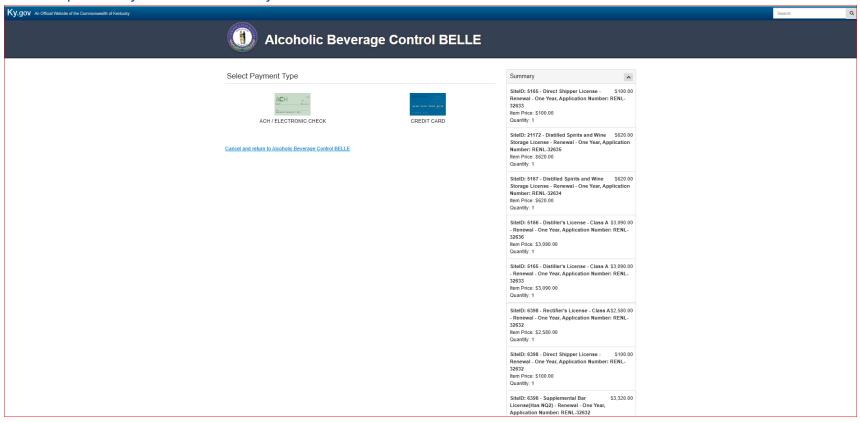
6. Next you will need to type your name for each site affidavit and click "Next" to continue.

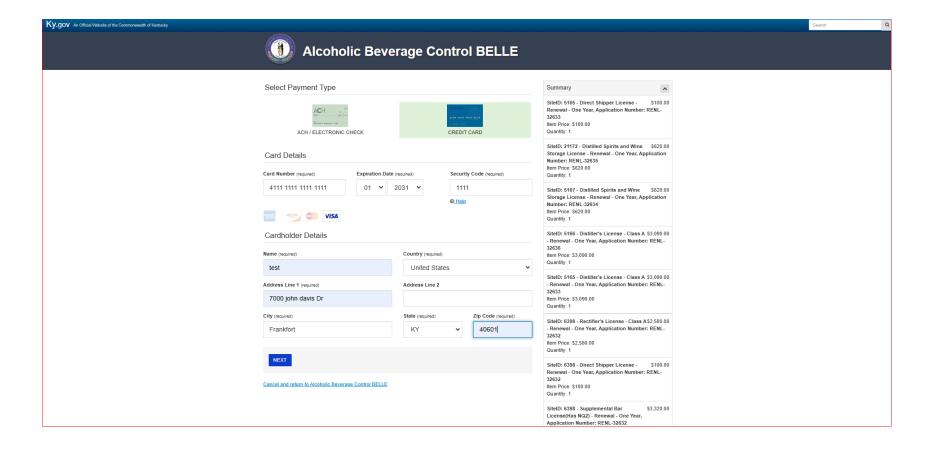


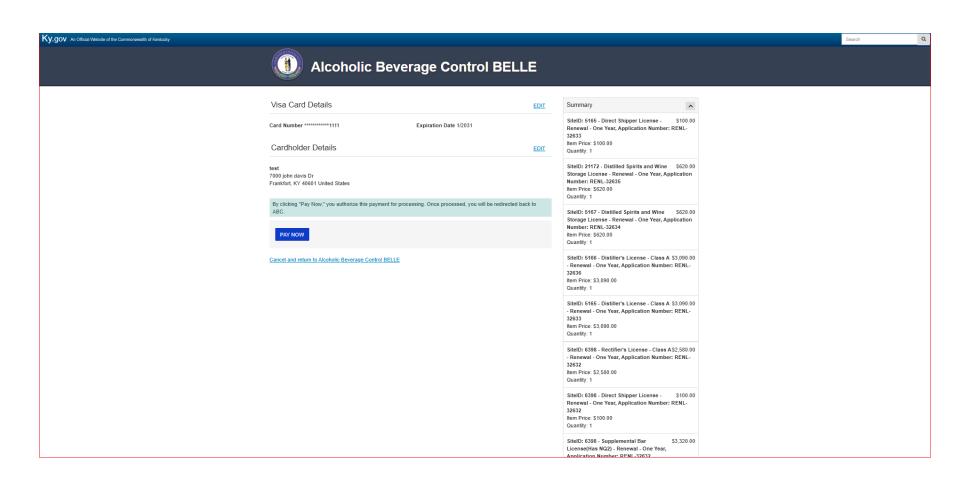
7. The payment tab will show a summary of charges by each site. Click "Pay Now" to be redirected to Kentucky Interactive for processing payment.



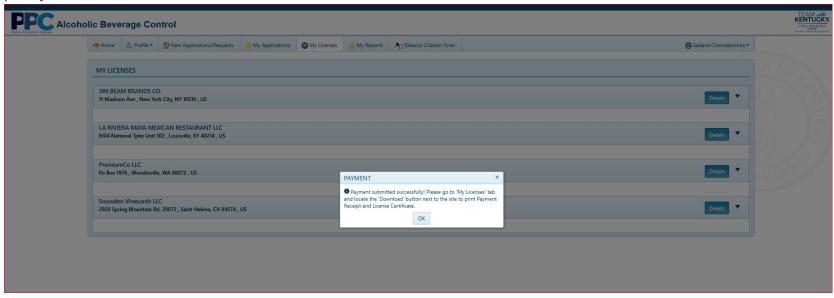
8. Next you will select your method of payment. At the next screen you will provide the information for whichever payment method you selected previously and then click "Pay now"







9. Upon successful payment you will be redirected back to the ABC portal where you will see a message with instructions on how to print your license.



License Types List (November 2024)

Electrice Types Elet (Neveriber		
License Name	Description	Fees
Air Transporter License	This license allows the transport of alcohol by air.	(by statute)
Authorized Public Consumption License	This license allows you to produce, possess, and use alcohol in the manufacture of fuel ethanol.	(by statute)
Bottling House or Bottling House Storage License	This license allows you to bottle and store liquor at the licensed premises.	(by statute)
Brewer's License	This license is for a business that brews beer or cider under 7.0% ABV. This class is for businesses	,
	that brew at least 50,000 barrels annually.	(by statute)
Caterer's License	This license allows catering businesses to sell or serve alcohol accompanied by food at events	,
	around Kentucky.	(by statute)
Direct Shipper License	This License allows the transport of alcohol by in-state/Out-of-state producer.	(by statute)
Distilled Spirits and Wine Storage License	This license allows you to store liquor and wine.	(by statute)
Distiller's License- Class A	This license is for a business that distills spirits. This class is for businesses that distill at least 50,000)
	gallions annually.	(by statute)
Distiller's License- Class B	This license is for a business that distills spirits. This class is for businesses that distill less than	
	50,000 gallions annually.	(by statute)
Distributor's License	This license allows a business to purchase beer from breweries and sell it to retailers.	(by statute)
In- State Distilled Spirits Supplier's License	This license is for In-state wineries, distilleries, or wholesalers that want to ship more than 50,000	
	gallons of wine and/or liquor annually to Kentucky wholesalers.	(by statute)
Limited Golf Course License	This license allows you to sell beer, wine, and liquor by the drink to customers at your golf course.	(by statute)
Limited In- State Distilled Spirits Supplier's License	This license is for In-state wineries, distilleries, or wholesalers that want to ship less than 50,000	
	gallons of wine and/or liquor annually to Kentucky wholesalers.	(by statute)
Limited Out-of-State Distilled Spirits and Wine Supplier's	This license is for out-of-state wineries, distilleries, or wholesalers that want to ship less than $50,000$	
License	gallons of wine and/or liquor annually to Kentucky wholesalers.	(by statute)
Limited Out-of-State Malt Beverage Supplier's License	This license is for out-of-state breweries or distributors that want to ship less than 25,000	
	barrels/775,000 gallons of beer (or cider less than 7% ABV) annually to Kentucky distributors.	(by statute)
Malt Beverage Storage License	location.	(by statute)
Microbrewery License	This license is for a business that brews beer or cider under 7.0% ABV. This class is for businesses	
	that brew less than 50,000 barrels annually.	(by statute)
NQ Retail Malt Beverage Package License	This license allows you to sell beer by the bottle, crowler/growler, case, or package for customers to	
	consume away from your establishment.	(by statute)
NQ1 Retail Drink License	This license allows you to sell beer, wine, and liquor by the drink to customers aboard your airplane	
	or railway, automobile racetrack, horsetrack, convention center or state park.	(by statute)
NQ2 Retail Drink License	This license allows you to sell beer, wine, and liquor by the drink to customers at your Airport,	
	Motel/Hotel, Restaurant, Riverboat, Distillery, Small Farm Winery, or an Entertainment Destination	(by statute)
NQ3 Retail Drink License	This license allows you to sell beer, wine, and liquor by the drink to customers at your Bed and	
	Breakfast, Dining Car, or Private Social Club	(by statute)
NQ4 Retail Malt Beverage Drink License	This license allows you to sell beer by the drink to customers at your establishment.	(by statute)
Off- Premises Retail Sales Outlet License	This license allows licensee to sell souvenir and complimentary Distilled Spirits and Wine Packages	(by statute)
Out-of-State Distilled Spirits and Wine Supplier's License	This license is for out-of-state wineries, distilleries, or wholesalers that want to ship more than 50,000)
	gallons of wine and/or liquor annually to Kentucky wholesalers.	(by statute)
Out-of-State Malt Beverage Supplier's License	This license is for out-of-state breweries or distributors that want to ship more than 25,000	
	barrels/775,000 gallons of beer (or cider less than 7% ABV) annually to Kentucky distributors.	(by statute)
Qualified Historic Site License	If your business is on the National Register of Historic Places or a National Historic Landmark, this	
	license allows you to sell beer, wine, and liquor by the drink to your customers.	(by statute)
Quota Retail Drink License	This license allows you to sell wine and liquor by the drink at your establishment.	(by statute)
Quota Retail Package License	This license allows you to sell wine and liquor by the bottle, case, or package for customers to	
D (C I I)	consume away from your establishment.	(by statute)
Rectifier's License- Class A	This license is for a business that takes alcohol and blends it into a new product to be sold to a	
Destificate Licenses Class B	wholesaler or distributor. This class is for businesses that rectify at least 50,000 galllons annually.	(by statute)
Rectifier's License- Class B	This license is for a business that takes alcohol and blends it into a new product to be sold to a	
	wholesaler or distributor. This class is for businesses that rectify less than 50,000 galllons annually.	(by statute)
Small Farm Winery License	This license is for a business that makes at least 250 gallons but no more than 100,000 gallons of	(
Constitution of Description Detail Linear	wine (or cider above 7.0%) annually.	(by statute)
Small Farm Winery Off-Premises Retail License	This license allows a Small Farm Winery to open a store to sell its products at a location separate	
C F \Mi \Mi - - - - - - - - - - - - - - - -	from their Small Farm Winery, like a shopping mall.	(by statute)
Small Farm Winery Wholesaler's License	This license allows a business to purchase wine from a small farm winery and sell it to retailers.	(by statute)
Special Nonbeverage Alcohol License Transitional Distilled Spirite and Wine License	Authorizes the holder to purchase alcohol for nonbeverage purposes.	(by statute)
Transitional Distilled Spirits and Wine License	If you are purchasing someone else's business that makes or sells wine or liquor, and you would like	
	to continue making or selling wine or liquor while waiting on your own license, this license allows you to continue doing so for up to pipely doing	
Transitional Malt Beverage License	to continue doing so for up to ninety days.	(by statute)
Transmonal Ivian Develage Licelise	If you are purchasing someone else's business that makes or sells beer, and you would like to	
	continue making or selling beer while waiting on your own license, this license allows you to continue	
Transportor's License	doing so for up to ninety days.	(by statute)
Transporter's License	This license allows the transport of alcohol by truck, rail, car, etc.	(by statute)
Wholesaler's License	This license allows a business to purchase wine and/or liquor from wineries and distilleries and sell it	
	to retailers.	(by statute)
Winery License	This license is for a business that makes wine (or cider above 7.0%).	(by statute)

Entertainment Destination Center License Note: you can only select one qualifier. If you select wrong qualifier in error; please click refresh at the top of this page Entertainment Destination Center License Local Government

Entertainment Destination Center License Local Government

This license is for government operated Entertainment Destination Centers, which are major areas of tourism or economic activity, like downtown areas or Main Street. This license allows the intermingling of alcohol between the businesses ni the area with proper licensure.

Entertainment Destination Center License All Others	This license is for Entertainment Destination Centers, which are major areas of tourism or economic activity, like malls, downtowns, or food and drink districts. This license allows the intermingling of alcohol between the businesses in the area with proper licensure.	(by statute)
Limited Restaurant License Note: You can only select one qualifier for this group. If you select the wrong qualifier in error please click refresh at the top of this page	. ,	
Limited Restaurant License LR100	This license is for restaurants with a minimum of 70% food sales and a minimum seating capacity of 100 people at tables. It allows you to sell beer, wine, and liquor by the drink to your customers.	(by statute)
Limited Restaurant License LR50	This license is for restaurants with a minimum of 70% food sales and a minimum seating capacity of 50 people at tables. It allows you to sell beer, wine, and liquor by the drink to your customers. Food must be served with alcohol purchases.	(by statute)
Supplemental Bar License Note: You can only select Add Ons Based on Your Retail Drink Selection.If you select wrong Add on in error,please click refresh at the top of this page.		
Supplemental Bar License	This is an add-on license that allows you to sell wine and spirits from an additional bar at your establishment.	(by statute)
Sampling License Note: You can only Select Add Ons Based on Your Retail Drink Selection. Only one qualifier can be selected. If you select wrong Addon in error, please click refresh at the top of this page.		
Sampling License	This is an add-on license that allows you to give and/or sell samples of wine and liquor to your customer.	(by statute)
Hotel In-Room License Note: You can only select Add Ons Based on Your Retail Drink Selection. Only one qualifier can be selected. If you select wrong Addon in error, please click refresh at the top of this page.		
Hotel In-Room License	This is an add-on license that allows you to sell from a mini bar in hotel rooms.	(by statute)
Special Sunday Retail Drink License Note: You can only select Add Ons Based on your corresponding Primary License Selection . If you select wrong Addon in error, please click refresh at the top of this page	ot .	
Special Sunday Retail Drink License	This is an add-on license that allows you to sell wine and liquor on Sundays.	(by statute)
Limited Non Quota Package License Note: You can only select Add Ons Based on Your Retail Drink & Limited Restraunt Selection. Only one qualifier can be selected. If you select wrong Addon in error, please click refresh at the top of		
Limited Non-Quota Package License	This license is an Add on license to buy and sell private selection Distilled Spirits and Wine and Vintage Distilled spirits Packages	(by statute)
Extended Hours Supplemental License Note: You can only select Add Ons Based on your Primary License Selection. Only one qualifier can be selected. If you select wrong Addon in error, please click refresh at the top of this page.		
Extended Hours Supplemental License	This is an add-on license that allows you to sell for extended hours in the evening.	(by statute)

Affidavit (November 2024)

I do hereby swear or affirm, under penalty of perjury, that I am authorized to submit this application on behalf of the named applicant and that all information and statements contained therein and any attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear or affirm that if the license(s) is issued, the applicant shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

I agree to sign and file this application by electronic means with the Department in compliance with the Kentucky Uniform Electronic Transactions Act contained in KRS 369.101 to 369.120. I further understand that the Department is accepting a typed version of my name as my original signature and that I have typed my name below with intent to sign this application.

INSTRUCTIONS

General Requirements

- You must be at least 21 years old to apply.
- You must be a U.S. citizen or a corporation, limited liability company, limited partnership, or other legally recognized business entity.

Local Approval Process

 There may be local requirements and fees. Local approval of an application is generally required before a state license will be issued (some exceptions apply).
 Applications to the state and local authorities can be submitted during the same time frame.

Applications

- Advertise the intent to apply for an ABC license(s) one time in the newspaper of record where the business is located. (See a sample newspaper ad below). Upload the newspaper advertisement to your online application, with the date clearly visible.
- Administrators retain the discretion to require background checks at any time.
- Upload a copy of the organization documents from the KY Secretary of State's
 Office if you are applying as a corporation, limited liability company, limited
 partnership, or other legally recognized business entity.
- Upload a copy of the deed, lease or other legal document indicating ownership, control or permission to operate on the premises.
- Additional documents may be required depending on your license type, which the system will prompt you to upload as needed.
- Contact the Kentucky Revenue Cabinet at (502) 564-3306 to get the Kentucky required tax numbers for the business.
- Contact the Kentucky Business OneStop at (502) 564-5053 to get the Kentucky CBI number for the business.

NO CASH OR PAPER CHECK PAYMENTS ACCEPTED – ALL PAYMENTS MUST BE MADE ONLINE VIA CREDIT, DEBIT OR ACH PAYMENT.

Example of Newspaper Advertisement:

 ABC Company, Inc. d/b/a Your Liquor Place hereby declares its intention(s) to apply for a [insert license names] license no later than September 30, 2019. The licensed premises will be located at 123 Only Street, Somewhere, Kentucky, 40000. The owner and president is Sally Smith, 456 Lone Alley, Anywhere, Kentucky, 40001. Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 500 Mero Street 2NE33, Frankfort, Kentucky, 40601, within thirty (30) days of the date of legal publication.

Continue with Application button

Basic License Application Revised June 2017



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.qov

	Site ID #
Val	\$
Val	\$

BASIC LICENSE APPLICATION

	LE/	AVE BLANK -	FOR ABC	USE ONLY			
		ense #		•		se #\$_	
		nse #				se # \$ _	
Reviewing Licensing Administrative	ve Specialist:			Input I	Date:	Review Date:	
Malt Beverage Administrator's Ap	proval:			Date: _			
Distilled Spirits Administrator's Ap	proval:			Date:			
	SECTIO	N A		vi		CECTION	
Applicant's business/company name):	icant's name, if so	la proviator)			SECTION Tax numbers must be iss	
DBA (Doing Business As):		icant s name, ii so	ie proprietor)			applicant's name.	
Address of premises to be licensed:						Ky. Sales & Use Tax # _	
City:		State:		Zip code:		Ky. Withholding Tax # _	
County: Mailing address (if different from abo						- Ky. Corporate Tax #	
Contact person:			one.			Federal EIN #	
Fax: Pren					 \$		
Complete the following for the bust directors, partners, managing men highest ranking officers and any Attach additional pages as needed.	mbers, members, and sha natural person who ow	and all pers	privately-he	d, show 10	of the owr	nership. If publicly-traded,	list the three
NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK C= CEUL	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OR BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP (If applicable)
	H W C			YES		1 000 100 100 - 000	%
	H			☐ YES			%
	H W C			☐ YES			%

	SECTION D			
1.	Is this a publicly-traded company? If yes, attach the criminal background checks for the three highest ranking officers and any person who owns ten percent (10%) or more interest. If no, attach the criminal background checks for all persons listed in Section C,	YES	□ NO	
2.	Does the applicant have ownership of the premises by lease, permit, management agreement or land contract for the entire license period? Attach a legal description of the boundaries of the premises (i.e. drawings, blue prints, a deed, or metes and bounds etc.)	YES	□ ио	
3.	Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity? If yes:	TYES	□ NO	
	a. [dentify the state in which the applicant is incorporated or organized; b. Attach a copy of the applicant's Certificate of Existence or Certificate of Authority to do business in Kentucky, c. Identify and provide the address of the individual who is designated as the process agent to receive legal notifications;			
4.	Has the applicant or any person listed in Section C ever been licensed to sell alcoholic beverages? If yes, check the license type(s) and give the business name and state: Alcohol Producer: Distributor/Wholesaler: Retailer:	☐ YES	□ №	
5.	Does the applicant or any person named in Section C have 10% interest or more in any alcohol license type? (804 KAR 4:015) If yes, please list or explain	YES	□ №	
6.	Has the applicant or any person named in Section C 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))	YES	□ NO	
7.	Has the applicant or any person named in Section C peen 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))	YES	□ NO	
8.	Has there ever been a suspension, denial, or revocation of any Kentücky alcoholic beverage license held by the applicant or by any person named in Section C of this application? If yes, attach a statement giving a full explanation, including dates of suspension, denial, or revocation.	YES	□ NO	
9.	Are the premises currently licensed? If yes, list the Kentucky License number(s):	YES	□ №	
	a. Are the rights of an existing Quota Retail Package license or a Quota Retail Drink license being transferred?	YES	□ NO	
	b. Is the applicant ap <u>plying</u> for a new Quot <mark>a Retāil Package license or a Quota Rētail Drink license?</mark>	YES	□ №	
	c. Is the applicant acquiring an interest in the existing business?	YES	□ NO	
0.	Will gasoline and lubricating oil be sold or will motor vehicles be serviced or repaired at the premises to be licensed?	YES	□ NO	
	(KRS 243.088)	_		
	If yes, will an inventory of not less than \$5,000 in food, groceries, and related products be maintained?	YES	□ NO	
17.	Will tobacco products, alternative nicotine products, or vapor products be sold at the premises to be licensed? (KRS 438.305)	YES	□ NO	
	If yes, check all products that will be sold:			
	☐ Tobacco products ☐ Alternative nicotine products ☐ Vapor products			

SECTION E 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. Licensing Fee Licensing Fee LICENSE TYPES **Full Year Half Year** RETAIL \$570 Quota Retail Package License (KRS 243.230, KRS \$285 abla243.240, 804 KAR 9:040) \$620 \$310 \square Quota Retail Drink License (KRS 243.230, 804 KAR 9:050) \$210 \Box \$105 NQ Retail Malt Beverage Package License (KRS 243.280) If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year or both is \$260: \$210 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Reverage License. NQ4 Retail Malt Beverage Drink License (KRS 243.088) \$210 \$105 If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$260: \$210 for a primary NQ Malt Beverage icense and \$50 discounted fee to add the secondar NQ Malt Beverage License. NQ1 Retail Drink License (KRS 243.082) \$4,120 \$2,060 Convention Center - Premises capacity of at least 1,000 Horse Track - Premises located at a track licensed by the Kentucky Horse Racing Commission (KRS 243.265). Attach a copy of the racing license. Automobile Race Track - Premises seating capacity of at least 30,000 persons. Air or Rail System - Commercial airline system or railroad company that sells alcohol to passengers on scheduled or chartered trips. Attach a copy of the listing of the air or rail terminals used and the locations of the storage areas. State Park - 9-hole or 18-hole golf course, or full service lodge and dining room. NQ2 Retail Drink License (KRS 243.084) \$415 \$830 Restaurant - Minimum 50% of gross annual income from food sales. Motel/Hotel - Minimum 50 sleeping rooms an maintain a restaurant with 50% food sales. Airport - Premises located in a commercial airport through which more than 500,000 passengers arrive or depart annually. Riverboat - Attach a copy of the applicant's permit issued by the United States Coast Guard authorizing the applicant's Riverboat to carry 100 or more passengers. Distillery - Must be located in wet Frritory or distillery moist territory and all employees who will be involved in sales/service must be STAR trained within thirty (30) days of beginning employment.

	SECTION E (Continued)	
LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
NQ3 Retail Drink License (KRS 243.086)	\$310	\$155
Private Club - Nonprofit charitable, civic, social, fraternal organization, or political club which has maintained a room from which the general public has been excluded for at least one (1) year. Attach documentary evidence of the applicant's nonprofit status.		
Dining Car - Railroad or Pullman car company that sells alcohol by package or drink on a train.		
Bed and breakfast – Must be located in wet territory and may only sell to registered overnight guests. Attach Permit to Operate (902 KAR 45:006)		
Limited Restaurant License LR100 or LR50 (KRS 211.010, KRS 242.1244, KRS 243.034)	\$780	\$390
LR100 - Minimum 70% food sales and minimum seating capacity of 100 persons at tables.		
LR50 - Minimum 70% food sales and minimum seating capacity of 50 persons at tables.		
Limited Golf Course License (KRS 243.038, KRS 243.039) 9-hole or 18-hole USGA regulation golf course.	\$720	\$360
Qualified Historic Site License (KRS 241.010, KRS 243.042)	\$1,030	\$515
Caterer's License (KRS 241.010, KRS 243.033) Premises contains commissary (kitchen) and applicant holds food service permit. Attach a copy of the Food Service Permit issued by the local health department.	\$830	\$415
Transitional Malt Beverage License (KRS 243.045) Are you purchasing the existing business? Yes	\$60	N/A
No If any outstanding tax liabilities or wholesaler debts are owed on the business, no permanent alcohol license shall be issued by the Department until such debts are paid.		
Initial here:		***
Transitional Distilled Spirits and Wine Locense (KRS 243.045) Are you purchasing the existing business?	\$60	N/A
☐ Yes ☐ No		
If any outstanding tax liabilities or wholesaler debts are owed on the business, no permanent alcohol license shall be issued by the Department until such debts are paid.		
Initial here:		

	SECTION E (Continued)	
LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
PRODUCER/SUPPLIER		
Distiller's License - Class A [more than 50,000 gallons produced annually] (KRS 243.120, KRS 243.130, 804 KAR 4:240)	\$3,090	\$1,545
Check the appropriate box for license term: 1 year 2 year	\$6,180	ă?
 Attach a copy of the Federal Basic Permit.		
Distiller's License - Class B [less than 50,000 gallons produced annually] (KRS 243.120, KRS 243.130, 804 KAR 4:240)	\$1,000	\$500
Check the appropriate box for license term. 1 year 2 year Attach a copy of the Federal Basic Permit. Attach the most recent Federal Monthly Report of Production Operations form if available (TIB F 5110.40).	\$2,000	
Rectifier's License - Class A [more than 50,000 gallons rectified annually] (KRS 243.120, KRS 243.130, 804 KAR 4:240) Check the appropriate box for license term:	\$2,580 \$5,160	\$1,290
Attach a copy of the Federal Basic Permit.		
Rectifier's License - Class B [less than 50,000 gallons rectified annually] (KRS 243.120, KRS 243.130,804 KAR 4:240) Check the appropriate box for license term: 1 year 2 year Attach a copy of the Federal Basic Permit. Attach the most recent Federal Monthly Report of Processing Operations form if available (TTB F 5110.28).	\$825 \$1,650	\$412
Winery License (KRS 243.120, KRS 243.130, 804 KAR 4:240) Check the appropriate box for license term: 1 year 2 year Attach a copy of the Federal Basic Permit.	\$1,030 \$2,080	\$515
Small Farm Winery License [250-100,000 gallons produced annually] (KRS 243.155) Check the appropriate box for license term: 1 year 2 year Attach a copy of the Federal Basic Permit. If already licensed in another state, attach a copy of the license from applicable state(s). Attach the most recent Federal Report of Wine Premises Operation form if available. (TTB F 5120 (7) For Brandy, attach the most recent Federal Monthly Report of Production Operations form if available	\$110 \$220	\$55
(TTB F 5110.40). Brewer's License(KRS 243.150, KRS 244.606) Check the appropriate box for license term: 1 year 2 year	\$2,580 \$5,160	\$1,290
Attach a copy of the Federal Basic Permit.		

		SECTION E (Continued)	
	LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
	Microbrewery License [not to exceed 50,000 barrels produced annually] (KRS 243.157, KRS 244.606)	\$520	\$260
	Check the appropriate box for license term:	\$1,040	
	1 year 2 year		
,	Attach a copy of the Federal Basic Permit. Attach the most recent Federal Brewer's Report		
	of Operations form if available. (TTB F 5130.9).		/
	DISTRIBUTION/ WHOLESALE		
	Wholesaler's License (KRS 243.160, KRS 243.170) Check the appropriate box for license term:	\$2,060	\$1,030
	1 year 2 year	\$4,120	
	Attach a copy of the Federal Basic Permit.		
	Distributor's License (KRS 243.180, KRS 244.606)	\$520	\$260
	Check the appropriate box for license term:	\$1,040	
	1 year 2 year		
	Attach a copy of the Federal Basic Permit.		40
	Small Farm Winery Wholesater's License (KRS 243.154, 804 KAR 4:240)	\$1/0	\$55
	Check the appropriate box for license term:	\$220	
	☐ 1 year ☐ 2 year	\ /	
	Attach a copy of the Federal Basic Permit.		
	STORAGE		
	Malt Beverage Storage License (KRS 243.353)	\$260	\$130
	Specify the required business type:		
	Producer Distributor		
	Retailer		
	Distilled Spirits and Wine Storage License (KRS 243.355)	\$620	\$310
	Bonded Warehouse Storage Attach Federal Basic Permit		
	Retail Package License		
	Bottling House or Bottling House Storage License (KRS 243.035)	\$1,030	\$515
	Attach a copy of the Federal Basic Permit.		
	ADDITIONAL LICENSES		
	Supplemental Bar License Fees are required for the first five. (KRS 243.037, KRS 241.010)		
Check	the required primary license type:		
	Limited Restaurant	\$780	\$390
	Limited Golf Course	\$720	\$360
	Quota Retail Drink	\$620	\$310
	NQ-2 Retail Drink	\$830	\$415
	NQ-3 Retail Drink	\$310	\$155
For ho	w many Supplemental Licenses is the applicant applying?		

	SECTION E (Continued)	
LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
ADDITIONAL LICENSES		
Sampling License (KRS 243.0307) Select the required primary license type: Distillery Quota Retail Package Quota Retail Drink NQ-1 Retail Drink NQ-2 Retail Drink	\$110	\$55
Special Sunday Retail Drink License Available only if authorized by local ordinance or election. (KRS 244.290,KRS 244.295)	\$520	\$260
Extended Hours Supplemental License Available only to NQ-1 Retail Drink and Qualified Historic Site licensees and licensees located within a commercial airport (KRS 243.050, 804 KAR 4:238)	\$2,060	\$1,030
Small Farm Winery Off-Premises Retail License (KRS 243.155) Kentucky Small Farm Winery license number:	\$30	\$15
Hotel In-Room License (KRS 243.055)	\$210	\$105
SPECIALTY LICENSES		
Entertainment Destination Center License (804 KAR 4:370)	\$7,730	\$3,865
Special Nonbeverage Alcohol License (KRS 243.320)	\$60	\$30
Authorized Public Consumption License (KRS 243.089) Attach copy of the local permit. Attach proof of general liability insurance.	\$250	\$125
		101000
	SECTION F	ALLER TO SERVE THE
List all types of licenses applied for in Section E: Describe in detail the type of business and how alcoholic beverages.	will be sold:	

SELLER VE	RIFICATION	Well of Company of the Company of th	f Rylle
Applicable only if the applica		siness.	
If the applicant is buying an existing business, then the seller must comple		3111003.	
I (we),(print full name)		, hereby swear or affirm that I am	the owner or
	and the second s		r Parall
authorized officer of	that holds the following state	icense(s), the numbers of which ar	re listed here:
The business is located at			
. The business is located at	(business address)	3.510.000000	
My contact information is,	(a)	· · · · · · · · · · · · · · · · · · ·	
(street address)	(city) (county)	(state)	(zip)
(phone number) (fa:	k number	(email address)	_
I (we) hereby surrender said license(s) and in doing so relinquish all rights ar	d claims thereto and all privileges	thereunder. I understand that if a li	cense
transfer is not approved, said license surrender shall be void and the license s			
Signature of Seller(s): (If a partnership, all partners must sign. If a corporation, or	ly one officer must sign.)	ile: Date:	
LOCAL ABC ADMIN	NISTRATOR APPROVAL		R T
Applicant must complete this section i	f an equivalent local license	is required	
I certify under oath that the applicant(s) has been approved for the equival that the applicant satisfies all local ordinances.			nises, and
The premises to be licensed is located in the following WET/ MOIST PRE	CINCT:		
APPLICANT NAME: ADDRESS:			
SIGNATURE OF LOCAL ABC ADMINISTRATOR :	\ -	DATE:	
PRINTED NAME OF LOCAL ABC ADMINISTRATOR:			
City of Administrator	OR County of	Δdn	ninistrator

APPLICAN	IT AFFIDAVIT		
		nalty of perjury that all statement	
in this application and any attachments are true and correct to the best of mengage in any activity involving alcoholist beverages at the premises describe			
Department of Alcoholic Beverage Control. I hereby swear or affirm that if the and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic	e license(s) is issued I shall abid	de by all state and local statutes,	regulations,
application are in default of a repayment obligation under any fina	ancial program administered b	y Kentucky Higher Education	Assistance
Authority (KHEAA) such as a student loan repayment.			
Signature of Applicant:	Title:	Date:	

	CHECK LIST	
1.	Have you included a completed Credit/Debit Payment Form or a certified check, cashier's check, business check, or money order for license(s) fees made payable to the "Kentucky State Treasurer"? No cash will be accepted.	
2.	Have you answered each question fully and checked the type(s) of license(s) for which you are applying?	
3.	Have you signed your application(s)?	
4.	When applicable, has the seller signed the application?	
5.	Have you attached a copy of the newspaper advertisement for this license?	
6.	Have you attached a copy of the necessary criminal background check(s) from the state(s) where you have resided in the past five years?	✓
7.	Have you secured the signature of approval from the local ABC Administrator on this application (if applicable)?	✓
	Visit http://abc.ky.gov for a list of Local ABC Administrators in your area.	
8.	Have you reviewed your application to ensure there are no arrors, missing information and/or responses?	✓
9.	Have all additional required documents been attached?	V

Credit/Debit Payment Form Revised June 2017



COMMONWEALTH OF KENTUCKY DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL 1003 Twilight Trail Frankford, Fortucky 40601-8400

1003 Twilight Trail Frankfort, Kentucky 40601-8400 502-564-4850 phone 502-564-1442 fax http://abc.ky.gov

CREDIT/DEBIT PAYMENT FORM

There is a 2.75% convenience fee added to the total for credit card payments.

Please provide your name, address, telephone number, and payment amount:
Name
Address
Telephone Number
Payment Amount \$
CREDIT CARD PAYMENT
Card type: □ VISA □ Mastercard □ Discover
Print Name (as it appears on the card)
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 for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.
Signature Date

Out-of-State Background Checks Revised June 2017



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

To obtain your criminal history check, call a phone number or visit a website listed below:

Alabama	1-866-740-4762	http://background.alabama.gov/
	or 334-517-2470	incept// buckground.auduming.gov/
Alaska	907-269 5767 or	http://www.dps.state.ak.us/statewide/background/
	907-269-5640	- Action of the control of the contr
Arizona	602-223-2222	http://www.azdps.gov/Services/Records/Criminal History Records/
Arkansas	501-618-8500	https://www.ark.org/criminal/index.php
California	Please contact	http://oag.cd.gov/fingerprints/security
	our office for	
	information.	
Colorado	303-239-4208	https://www.cbirecordscheck.com/
Connecticut	860-685-8480	http://www.ct.gov/despp/lib/despp/reports_and_records/dps-846-c.pdf
Delaware	Please contact	http://dsp.delaware.gov/state_bureau_of_identification.shtml
	our office for	
	information.	
Florida	850-410-8109	https://web.htle.state.fl.us/search/app/default
Georgia	404-244-2639	http://gbi.georgia.gov/obtaining-criminal-history-record-information
Hawaii	808-587-3100	https://ecrim.ehawaii.gov/ahewa/
Idaho	208-884-7130	https://www.isp.idaho.gov/BCI/index.html
Illinois	815-740-5160	http://www.isp.state.ll.us/crimhistory/chri.cfm
Indiana	317-233-5424	http://www.in.gov/ai/appfiles/isp-lch/
Iowa	515-725-6066	http://www.dps.state.ia.us/DCI/supportoperations/crimhistory/
		obtain_records.shtml
Kansas	788-296-2454,	http://www.kansas.gov/kbi/crkninalhistory/
	785-296-5059,	
	<mark>∦</mark> r	
	800-452-6727	
Kentucky	800-928-6381 or	http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx
·	502-573-1682	
Louisiana	225-925-6096 or	https://www.cfprd.doa.louisiana.gov/LaServices/PublicPages/
	225-925-6095	ServiceDetail.cfm?service_id=3386
Maine	207-624-7240	https://www5.informe.org/online/pcr/
Maryland	410-764-4501 or	http://www.dpscs.state.md.us/publicservs/bgchecks.shtml
	888-795-0011	
	1	

Massachusetts	617-660-4600	http://www.mass.gov/eopss/agencies/dcjis/
Michigan	517-241-0606	http://www.michigan.gov/msp/0,4643,7-123-1878_8311,00.html
Minnestoa	651-793-2400	https://cch.state.mn.us/
Mississippi	Please contact our office for information.	http://www.msdh.state.ms.us/msdhsite/index.cfm/30,0,206,html
Missouri	573-526-6312	https://www.machs.mshp.dpsmo.gov/MACHSFP/home.html
Montana	406-444-3625	https://dojmt.gov/enforcement/background-checks/
Nebraska	402-479-4971	https://www.nebraska.gov/apps-nsp-limited-criminal/
Nevada	775-684-6262	http://gsd.nv.gov/uploadedFiles/gsdnvgov/content/Home/Features/ DPS_006_Form112015.pdf
New Hampshire	603-223-3867	http://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/index.html
New Jersey	609-882-2000 ext 2918	http://www.njsp.org/criminal-history-records/index.shtml
New Mexico	505-827-9181	http://www.dps.state.nm.us/index.php/criminal-history-records/
New York	212-428-2943	http://www.criminaljustice.ny.gov/ojis/recordreview.htm
North Carolina	919-890-1000	http://www.nccourts.org/Citizens/GoToCourt/Default.asp?topic=1
North Dakota	701-328-5500	https://www.ag.nd.gov/BCI/CHR/
Ohio	877-224-0043	http://www.ohioattorneygeneral.gov/Business/ Services-for-Business/WebCheck
Oklahoma	405-848-6724	https://www.ok.gov/osbi/Criminal_History/
Oregon	503-378-5470 or 888-272-5545	http://www.oregon.gov/dhs/business-services/chc/Pages/index.aspx
Pennsylvania	888-783-7972	https://epatch.state.pa.us/Home.jsp
Rhode Island	401-274-4400	http://www.riag.state.ri.us/BCI/index.php
South Carolina	803-737-9000	http://www.sled.state.sc.us/CISystem/Images/Catch/ CriminalRecordsCheckForm.pdf
South Dakota	605-773-3831	http://dci.sd.gov/Operations/Identification/ BackgroundCheckRequirements/StateOnlyBackgroundCheck.aspx
Tennessee	615-744-4000	https://www.tn.gov/tbi/article/background-checks
Texas	855-481-7070	https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/
Utah	801-965-4445	http://bci.utah.gov/criminal-records/
Vermont	802-241-5157	http://vcic.vermont.gov/ch-information/record-checks
Virginia	804-674-2131	http://www.vsp.state.va.us/CJIs Criminal Record Check.shtm
Washington	360-534-2000	http://www.wsp.wa.gov/crime/chrequests.htm
West Virginia	option 2 304-746-2235 or 304-746-2498	http://www.wvsp.gov/Pages/default.aspx
Wisconsin	608-266-7314	https://www.doj.state.wi.us/dles/cib/ background-check-criminal-history-information
Wyoming	307-777-7181	http://wyomingdci.wyo.gov/ dci-criminal-justice-information-systems-section/criminal-records-section

Revised Renewal Schedule & License **Expiration Dates** Revised June 2017



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

REVISED RENEWAL SCHEDULE & LICENSE EXPIRATION DATES

Please be advised renewal dates & expiration dates were changed effective June 25, 2013

- Utilize the chart below in determining what month an active license will expire and in what month the applicant must renew the license.
 Licenses expire on the last day of the month.
- Please note: Renewal Notices should be mailed to you six (6) weeks prior to the licensee's annual expiration date. Failure to renew by the indicated expiration date may result in the license becoming inactive

County Code	Name of County	License Expiration Month
1.	Adair	April
2.	Allen	April
3.	Anderson	June
4.	Ballard /	January
5.	Barren	April
6.	Bath	April
7.	Bell	April
8.	Boone	November
9.	Bourbon	June
10.	Boyd	June
11.	Boyle	April
12.	Bracken	June
13.	Breathitt	April
14.	Breckinridge	January
5.	Bullitt	January
16.	Butler	January
17.	Caldwell	January
18.	Calloway	lanuary
19.	Campbell	November
20.	Carlisle	January
21.	Carroll	June
22.	Carter	June
23.	Casey	April
24.	Christian	January
25.	Clark	April
26.	Clay	April
27.	Clinton	April
28.	Crittenden	January

County Code	Name of County	License Expiration Month
29.	Cumberland	January
30.	Daviess	January
31.	Edmonson	January
32.	Elliott	April
33.	Estill	April
34.	Fayette	November
35.	Fleming	pril
36.	Floyd	April
37	Franklin	June
38.	Fulton	January
39.	Gallatin	June
40.	Garrard	April
41.	Grant	June
42.	Graves	January
43.	Grayson	January
44.	Green	January
45.	Greenup	June
46.	Hancock	January
47.	Hardin	January
48.	Harlan X	April
49.	Harrison	April
50.	Hart	January
51.	Henderson	January
52.	Henry	June
53.	Hickman	January
54.	Hopkins	April
55.	Jackson	April
56.	Jefferson	October
57.	Jessamine	April
58.	Johnson	April
59.	Kenton	November
60	Knott	April
61.	Knox	April
6 2.	Larue	January
63.	Laurel	April
64.	Lawrence	April
65.	Lee	April
66.	Leslie	April
67.	Letcher	April
68.	Lewis	June
69.	Lincoln	April
70.	Livingston	January
71.	Logan	April
72.	Lyon	January
73.	McCracken	January
74.	McCreary	April
75.	McLean	January
76.	Madison	April
77.	Magoffin	April
78.	Marion	April

County	Name of County	License Expiration Month
79.	Marshall	January /
80.	Martin	April
81.	Mason	June
82.	Meade	January
83.	Menifee	April
84.	Mercer	April
85.	Metcalfe	January
86.	Monroe	January
87.	Montgomery	April
88.	Morgan	April
89.	Muhlenberg	April
90	Nelson	April
91.	Nicholas	June
92.	Ohio	January
93.	Oldham	June
94.	Owen	January
95.	Qwsley	April
96.	Pendleton	June
97.	Perty	April
98.	Pike	June
99.	Powell	April
100.	Pulaski	April
101.	Robertson	June
102.	Rockcastle	April
103.	Rowan	June
104.	Russell	April
105.	Scott	June
106	Shelby	June
107.	Simpson	April
108.	Spencer	January
109.	Taylor	April
110.	Todd	April
111.	Trigg	January
112.	Trimble	January
113.	Union	January
114.	Warren	April
115.	Washington	April
116.	Wayne	April
117.	Webster	January
118.	Whitley	April
119.	Wolfe	June
120.	Woodford	June

Kentucky Department of Alcoholic Beverage Control

License Type(s)	Fee	Renewal	Half Year Fee
1 Distiller's License - Class A *	\$3,090	\$3,090	\$1,545
2 Distiller's License - Class B *	\$1,000	\$1,000	\$500
3 Rectifier's License *	\$2,580	\$2,580	\$1,290
4 Rectifier's License - Class B*	\$825	\$825	\$412
5 Out-of-State Distilled Spirits/Wine Producer/Supplier's License *	\$1,550	\$1,550	\$775
6 Limited Out-of-State Distilled Spirits/Wine Producer/Supplier's License *	\$260	\$260	\$130
7 Winery License *	\$1,030	\$1,030	\$515
8 Small Farm Winery License *	\$110	\$110	\$55
9 Small Farm Winery Off Premises License	\$30	\$30	\$15
10 Small Farm Winery Wholesaler's License	\$110	\$110	\$55
11 Brewers' License*	\$2,580	\$2,580	\$1,290
12 Microbrewery License*	\$520	\$520	\$260
13 Out-of-State Malt Beverage Producer/Supplier's License *	\$1,550	\$1,550	\$775
14 Limited Out-of-State Malt Beverage Producer/Supplier's License * /	\$260	\$260	\$130
15 Wholesaler's License *	\$2,060	\$2,060	\$1,030
16 Special Agent's or Solicitor's License	\$30	\$30	\$15
17 Distributor's License *	\$520	\$520	\$260
18 Quota Retail Package License (Liquor) vine)	\$570	\$570	\$285
19 Quota Retail Drink License (Liquor/white)	\$620	\$620	\$310
20 NQ-1 Retail Drink License (nonquota)	\$4,120	\$4,120	\$2,060
21 NQ-2 Retail Drink License (nonquota)	\$830	\$830	\$415
22 NQ-3 Retail Drink License (nonquota)	\$310	\$310	\$155
23 NQ-4 Retail Malt Beverage Drink License (nonqueta)	\$210	\$210	\$105
Secondary NQ Malt Beverage "Retail Package" License **	\$50	\$50	\$25
24 NQ-Retail Malt Beverage Package License (nonquota)	\$210	\$210	\$105
Secondary NQ-4 Malt Beverage "Retail orink" License **	\$50	\$50	\$25
25 Supplemental Bar License			
NQ-2 Retail Drink	\$830	\$830	\$415
Limited Restaurant	\$780	\$780	\$390
Limited Golf Course	\$720	\$720	\$360
Quota Retail Drink	\$620	\$620	\$310
NQ-3 Retail Drink	\$310	\$310	\$155
26 Extended Hours Supplemental License	\$2,060	\$2,060	\$1,030
27 Transporter's License	\$210	\$210	\$105
28 Air Transporter License 29 Bottle House/Bottling House Storage License	\$520	\$520	\$260
30 Malt Beverage Storage License	\$1,030	\$1,030	\$515
31 Distilled Spirits/Wine Storage License	\$260 \$630	\$260	\$130
32 Special Temporary License	\$620 \$100	\$620 \$100	\$310
33 Special Temporary Alcoholic Beverage Auction License	\$100 \$100	\$100	
34 Hotel In-Room License	\$210	\$210	\$105
35 Sampling License	\$110	\$110	\$55
36 Limited Restaurant License	\$780	\$780	\$390
37 Limited Golf Course License	\$730	\$730 \$720	\$390
38 Entertainment Destination Center License	\$7,730	\$7,730	\$3,865
39 Qualified Historic Site License	\$1,030	\$1,030	\$5,665
40 Transitional Distilled Spirits and Wine License	\$60	\$1,030	7113
41 Transitional Malt Beverage License	\$60	\$60	
42 Special Nanbeverage Alcohol License	\$60	\$60	\$30
43 Caterer's License	\$830	\$830	\$415
44 Special Sunday Retail Drink License	\$520	\$520	\$260
45 Authorized Public Consumption License	\$250	\$250	\$125
*		7200	7223

^{*} These license types have a one (1) or two (2) year licensing/renewal option available.

^{**} The qualifying holder of either type of retail malt beverage (beer) licenses (either the NQ-4 Retail Malt Beverage Drink or the NQ-Retail Malt Beverage Package license) may add the second license for a reduced licensing fee of \$50.00

License Renewal Application Revised August 2017

Date Approved (For offce use only)



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 AV APPLICANTS
MULT COMPLETE ALL
ECTIONS OF THIS
RENEWAL FORM

LICENSE RENEWAL APPLICATION

MAILING ADDRESS:

PREMISES ADDRESS & SITE ID #: APPLIATION NUMBER:

ensee Name:

If the licensee has no holds or modifications, y u can renew online through the Kentucky Business One Stop(KyBOS) at http://abc.ky.gov/Licensing/Pages/default.aspx. Detail of instructions for associating, your kyBOS account with your ABC license can be found at http://abc.ky.gov under licensing. You will ned the site Id and Application Number printed above.

SECTION 1. (Amounts)

TITLE OF LICENSE(S)	ENSE IMBER	CURRENT LICENSE	ANN RENEW	AL FEE
Caterer's License		EXPIRES 6/30/2017	1 Yr \$830.00	2 Yr
		0,00,2011	Ψ000.00	100
Distiller's License - Class B		6/30/2017	\$1,000.00	\$2,000.00
Distributor's License		6/30/2017	\$520.00	\$1,040.00
Microbrewery License		6/30/2017	\$520.00	\$1,040.00
NQ-2 Retail Drink License		6/30/2017	\$830.00	
NQ-4 Retail Malt Beverage Drink License		6/30/2017	\$210.00	
NQ Retail Malt Beverage Package Lice Se		5/30/2017	\$210.00	
Small Farm Winery License		6/ 0/2017	\$110.00	\$220.00
Multiple Malt Beverage Ret License Discount				-\$160.00
TOTAL FEE DUE		· \	\$4,070.00	\$6,220.00
TOTAL AMOUNT ENCUSED			\$	

Note: There will be 2.75% Convenience Fee added to the total for Credit Card payments.

SECTION 2. (Holds - Delays)

• The Department of Revenue has placed a hold on your license renewal. Our office will require a release before your license is renewed. To obtain a remasse contact the Department of Revenue at (502) 564-4921. Please forward your renewal notice and payment to our department while you are resolving the issue with the Department of Revenue so we are aware of your intention to renew your license(s).

Continued on next page...

License Renewal Application Reveal August 2017 le 3 of 6

PREMISES	ADDRESS	& SITE	ID#
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ALL APPLICANTS MUST COMPLETE ALL SECTIONS OF THIS RENEWAL FORM

SECTIO	N 3. (Re uirements)		*			
•	Does the applicant stipremises? ☐ Yes ☐ No	ll have a valid de	ed, lease,	permit, munagemer	nt agreement or	land contract for the licensed
•	Have there been any license(s) been convisuostances, or any Ferri Yes ☐ No In	cted of a Misder	neanor dire was obtained	ectly or indirectly	•	who has an interest in the olic beverages or controlled
•	Will tobacco products, al ☐ Yes ☐ No If ☐ Tobacco Products	ten tive nicotine pro yes, neck all the pro \[\textstyle \cdots\] \[\textstyle\] \[\textstyle\] \[\textstyle\]	oducts tha	vill be sold.	•	e licensed?
•	Statement of Food and A	Icohol Sale Require	ed for N 2-2 F	Retail Drink License a	ınd Limited Restaur	ant License.
	Enter your gross annu business for less tha DOCUMENTATION MAY Month/Year	n one year, ente			you were not	months. If you have been in in business. (SUPPORTING
	January/ February/ March/ April/ May/ June/ July/ August/ September/ October/ November/ December/ Total Food and Alcohol Sales	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$		\$		\$
	and Alcohol Sales		%		%	100 %

1 11 07		A	D 0 1	
lonth/Year	Food Sales		Beverage Sales	Total
January/ February/	\$ \$	\$ \$		\$ \$
Marck	\$	\$		\$
April/	\$	\$		\$
May/ June/	\$ \$			Ф \$
July/	\$	\$		\$
August/ September/	\$ \$	\$ \$		\$ \$
October/	\$	Ψ \$		\$
November/	\$	\$		\$
December/	\$	\$		\$
Total Food and Alcohol Sales	\$	\$		\$
% of Total Food and Alcohol Sales		%	%	100 %
Please state the gallons	produced the past two	o caleng r vears for	Distillers - Class B lic	cense.
· ·	EVIOUS YEARS	GA ZONS PROD		
Jan to Dec				
Jan to Dec	c Year/			
Attach actual copies of submitted to the TTB for t		F 5110.40 Form	"Monthly Report of	of Production Operations" that v
	he past two years.			·
 submitted to the TTB for t Please state the gallons 	he past two years.		Small Farm Winery li	·
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submitted to the TTB for t Please state the gallons PRE Jan to Dec Jan to Dec	the past two years. produced in the rost of the produced in the rost of the produced in the prost of the produced in the prost of the produced in the produce	o calendar years for GALLONS PROD	Small Farm Winery li UCED ——	·
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• Statement of Food and Alcohol Sales Required for Caterer's License.

•	Does a brewer/manufacturer of malt beverage products have: (a) a direct or indirect ownership interest in, or membership in, the licensee which is ten (10) percent or greater of the total ownership or membership interests; (b) a common officer(s), director(s), or manager(s) in the licensee; (c) a common owner(s), partner(s), member(s), or their immediate family member(s), the aggregate share of which is ten percent or greater of the total ownership or membership interests in the licensee; or (d) any other direct or indirect which provides an ability to control decisions by the licensee? If yes, attach a full detailed statement.
	□ Yes □ No
•	Does the licence have: (a) a direct or indirect ownership interes in, or membership in, a brewer/manufacturer of malt beverage products which is ten (10) percent or greater of the total ownership or membership interests; (b) a common officer(s) director(s), or manager(s) in a brewer/manufacturer of malt beverage products; (c) a common owner(s), partner(s), member(s), or their immediate family member(s), the aggregate share of which is ten (10) percent or greater of the total ownership or membership it erests in a brewer/manufacturer of malt beverage products; or (d) by other direct or indirect interest which provides an ability to control decisions by a brewer/manufacturer of malt beverage products? If yes, attach a full setailed statement.
	☐ Yes ☐ No
SECTIO	N 4. (Instructions)
•	TO AVOID LOSING YOUR RIGHT TO SELL ALCOHOL RETURN YOUR RENEWAL BY JUNE 15th FOR PROCESSING. Complete the entire form and sign and date on Section 5. Return renewal form, all documents, and payment in mediately. DO NOT SEND CASH! Check or money order to be made payable to: Kentucky State Treasurer.
SECTIO	N 5. (Signature - Contact numbers)
is incorp KRS 36	initial application (and any renewal applications) to file with the Kentucky Department of Alcoholic Beverage Control corated and made part of this application, by signing this application or submitting this application electronically under 9.109, I hereby swear or affirm under peralty of perilty that all statements contained in this application and all its ents are true and correct to the best of my knowledge information and belief.
SIGNAT	URE OF LICENSEE DATE SIGNED
PLEASE	E PRINT NAME OF PERSON W.O SIGNED ABOVE
Day Pho	neFax Phone
Email A	ddress Web Site Address

Transporter's License Application Revised June 2017



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

	Site ID #
Val	\$
Val	\$

TRANSPORTER'S LICENSE APPLICATION

LEAVE BLANK - FOR ABC USE ONLY

License #	\$Licen	se#		\$	License	#\$	
License #	\$Licen	e#		_\$	License	#\$	
Reviewing Licensing Administrati	ve Specialist:			Input	t Date:	Review Date:	
Malt Beverage Administrator's Ap	pproval:				·		
Distilled Spirits Administrator's Ap	oproval:						
		CC	TION A				
Name of person(s) or company to b	e licensed:		TION A				
Traine of person(s) of company to b	c nochaeu		(app	plicant's name	e, if sole proprietor)		
DBA (Doing Business As):					DOT	#	
Address of premises to be licensed:			/				
City:	State:		_ Zip:		Coun	ty:	
Mailing address (if different from ab-	ove):						
Contact person:			E-mail ad	ddress:			
Contact phone:	Fax:		Premi:	ses phone:_		· · · · · · · · · · · · · · · · · · ·	
List the type(s) of licenses(s) being	applied for:			Desired	effective date o	f license(s):	i
				_			
Complete the following for the busin directors, partners, managing mem highest ranking officers and any na additional pages as needed.	bers, members, and share	, and all persons	tely-held, sh	iow 100% o	f the ownership.	If publicly-traded, list the thr	ee .
NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK C= CELL	LASTA DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA	DATE OF BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP (if applicable)
	HC			YES NO			%
	H			YES NO			%
	H W C			☐ YES			%

WALL	SECTION C		TWO ISSUED								
1.	Does the applicant or any person named in Section B of this application have 10% interest or more in any alcohol license type? (804 KAR 4:015) If yes, <u>attach</u> a statement identifying the person(s) and describe the interest(s).	YES	□ NO								
2.	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))										
3. Has the applicant or any person named in Section B been convicted of a misdemeanor directly or indirectly related to YES NO alcohol or a controlled substance within the past two (2) years? (KRS 243.100(1)(b) and (c))											
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, <u>attach</u> a statement giving a full explanation, including dates of suspension, denial, or revocation.	YES	□ NO								
	SECTION D	扩 题 18 4									
Check are me	the license type(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requiret.	ements for that I	icense type(s)								
	LICENSE TYPES Licensing Fee Full Year		ing Fee Year								
	\$210 \$210	:	\$105								
	Air Transporter's License (KRS 243.217)	,	\$260								
831	SECTION E	\$1°0.50.00	115.01								
or	the applicant is applying for an Air Transporter's License, is the applicant a commercial airline system, charter flight system commercial cargo system? applying as a motor carrier, provide Department of Transportation (DOT) Identification Number:	m, NES	□ NO								
3. If g	granted a license, I will allow any authorized ABC Investigator of the Department to stop and examine the cargo of any truchicle, or aircraft in which alcoholic beverages are being transported within the Commonwealth of Kentucky.	k, Initial here	:								
887	APPLICANT AFFIDAVIT										
in this engage Departi and ord this ap Authori	do hereby swear or affirm under penalty of perjuapplication and any attachments are true and correct to the best of my knowledge, information, and belief. I hereby in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriment of Alcoholic Beverage Control. I hereby swear or affirm that if the license(s) is issued, I shall abide by all state dinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear or affirm that no oplication are in default of a repayment obligation under any financial program administered by Kentucky ty (KHEAA) such as a student loan repayment. Title:	swear or affirm iate license(s) b and local statut persons listed ii Higher Educat	that I shall not by the Kentucky tes, regulations,								

Credit/Debit Payment Form Revised June 2017



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

CREDIT/DEBIT PAYMENT FORM

There is a 2.75% convenience fee added to the total for credit gard payments.

Please provide your name, address, tele	phone number, and payment amount:
Name	
Address	
Telephone Number	
Payment Amount \$	
	CREDIT CARD PAYMENT
Card type: □ VISA	☐ Mastercard ☐ Discover
Print Name (as it appears on the card)	
Card Number	
Expiration Date (Month/Year)	
CVV/Credit Card Security Code (3 digit r	number on the back of the card)
PAYMENT REASON & AUTHORIZATION Please apply this payment to the following	\
r lease apply this payment to the following	ilicensee
License Number(s)	SITE ID#
Reason for payment	
By signing and dating this form, I authorize I also agree that I am responsible for any t	e my credit card to be charged for the stated payment amount plus fees as described above. fees if payment is declined.
Signature	Date

Out-of-State Supplier License Application Revised June 2017

License #



ALCOHOLIC BEVERAGE CONTROL 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

	Site ID #	_
Val	\$	
Val	\$	<u>-</u>

License #

OUT-OF-STATE SUPPLIER LICENSE APPLICATION

License #

LEAVE BLANK - FOR ABC USE ONLY

License #	\$License	e#		_\$	License	#\$	
Reviewing Licensing Administrati	ve Specialist:			Input	Date:	Review Date:	
Malt Beverage Administrator's Ap	oproval:			Date:			
Distilled Spirits Administrator's A	oproval:		/	Date:			
A con Lancent Malicensino		SEC	TIONA		ITTEN NO.		
	SI CINICAL MEDICAL	SEC	TIONA	E 12 11 16	100		
Name of person(s) or company to b	e licensed:		(ans	licant's name	if sole proprietor)		
DBA (Doing Business As):		$\overline{}$	(арь	meant's name,	ii sole proprietor)		
Address of premises to be licensed:							
City:	State:		Zip: _		County:		
Mailing address (if different from ab	ove):						
Contact person:		/	E-mail ad	ddress:			
Contact phone:	Fax:	/	\				
List the type(s) of licenses(s) being	applied for:		`	Desired	effective date of	flicense(s):	
		C.F.C	TION B			= 3%	
Complete the following for the bu officers, directors, partners, manag highest ranking officers and any na pages as needed.	ing members, members, an tural person who owns ten	s), and all person d shareholders.	ons having	-held, show on-profit, list	100% of the ow	nership. If publicly-traded, lis	t the three
NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK C=CELL	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA	DATE OF BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP (if applicable)
	H		55	YES NO			%
	H W C			YES NO			%
	H W C			YES NO			%
							1

CEG	TIONC							
Does the applicant or any person named in Section B of this application	TION C n have 10% interest or more in any alcohol	YES NO						
license type? (804 KAR 4:015) If yes, <u>attach</u> a statement identifying the person(s) and describe the interest(s).								
Has the applicant or any person named in Section B been convicted of custody or felony incarceration, been on felony parole, or had a termina years?(KRS 243.100(1)(a))		YES NO						
Has the applicant or any person named in Section B been convicted of alcohol or a controlled substance within the past two (2) years? (KRS 2)		YES NO						
Has there ever been a suspension, denial, or revocation of any alcoholi 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 su		YES NO						
	TION D							
Check the license type(s) for which the applicant is applying. For each license are met.								
LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year						
Out-of-State Distilled Spirits and Wine Supplier's Lidense (Import more than 50,000 gallons annually) (KRS 243,212) Attach copy of state license.	\$1,550	\$775						
1 year 2 year	\$3,100							
Limited Out-of-State Distilled Spirits and Wine Supplier's License (Import less than 50,000 gallons annually) (KRS 243.212) Attach copy of state license.	\$260	\$130						
1 year2 year	\$520	2000						
Out-of-State Malt Beverage Supplier's License (Import more than 25,000 barrels or 775,000 gallons) (KRS 244,606, KRS 243,215)	\$1,550	\$775						
Attach copy of state license. 1 year 2 year	\$3,100							
Limited Out-of-State Malt Beverage Supplier's License (Import less than 25,000 barrels or 775,000 gallons) (KRS 244,606, KRS 243,215)	\$260	\$130						
Attach copy of state license. 1 year 2 year	\$520							
APPLICA	ANT AFFIDAVIT							
I, (print your name here) do hereby swear or 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 or 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 or 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 or affirm that no persons listed in Section (B) of this application are in default of a replyment obligation under any financial program administered by Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan epayment.								
Signature of Applicant:	Title:	Date:						

Date: _

Credit/Debit Payment Form Revised June 2017



COMMONWEALTH OF KENTUCKY DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
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http://abc.ky.goy

CREDIT/DEBIT PAYMENT FORM

There is a 2.75% convenience fee added to the total for credit card payments.

Please provide your name, address, telephone number, and payment amount:
Name
Address
Telephone Number
Payment Amount \$
CREDIT CARD PAYMENT
Card type: □ VISA □ Mastercard □ Discover
Print Name (as it appears on the card)
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 for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.
Signature Date

Kentucky Department of Alcoholic Beverage Control

License Type(s)	Fee	Renewal	Half Year Fee
1 Distiller's License - Class A *	\$3,090	\$3,090	\$1,545
2 Distiller's License - Class B *	\$1,000	\$1,000	\$500
3 Rectifier's License *	\$2,580	\$2,580	\$1,290
4 Rectifier's License - Class B*	\$875	\$825	\$412
5 Out-of-State Distilled Spirits/Wine Producer/Supplier's License *	\$1,850	\$1,550	\$775
6 Limited Out-of-State Distilled Spirits/Wine Producer/Supplier's License	\$260	\$260	\$130
7 Winery License *	\$1,030	\$1,030	\$515
8 Small Farm Winery License *	\$110	\$110	\$55
9 Small Farm Winery Off-Premises License	\$30	\$30	\$15
10 Small Farm Winery Wholestler's License	\$110	\$110	\$55
11 Brewers' License*	\$2,580	\$2,580	\$1,290
12 Microbrewery License*	\$520	\$520	\$260
13 Out-of-State Malt Beverage Producer/Supplier's License *	\$1,550	\$1,550	\$775
14 Limited Out-of-State Malt Beverage Producer/Supplier's License *	\$260	\$260	\$130
15 Wholesaler's License *	\$2,060	\$2,060	\$1,030
16 Special Agent's or Solicitor's License	\$30	\$30	\$15
17 Distributor's License *	\$520	\$520	\$260
18 Quota Retail Package License (Liquor/wile)	\$570	\$570	\$285
19 Quota Retail Drink License (Liquor/wine)	\$620	\$620	\$310
20 NQ-1 Retail Drink License (nonquota)	\$4,120	\$4,120	\$2,060
21 NQ-2 Retail Drink License (nonquota)	\$830	\$830	\$415
22 NQ-3 Retail Drink License (nonquota)	\$310	\$310	\$155
23 NQ-4 Retail Malt Beverage Drink License (nonquota)	\$210	\$210	\$105
Secondary NQ Malt Beverage "Retail Package" \icense **	\$50	\$50	\$25
24 NQ-Retail Malt Beverage Package License (nonquo	\$210	\$210	\$105
Secondary NQ-4 Malt Beverage "Retail Drink" Mense **	\$50	\$50	\$25
25 Supplemental Bar License			
NQ-2 Retail Drink	\$830	\$830	\$415
Limited Restaurant	\$780	\$780	\$390
Limited Golf Course	\$720	\$720	\$360
Quota Retail Drink	\$620	\$620	\$310
NQ-3 Retail Drink	\$310	\$310	\$155
26 Extended Hours Supplemental License	\$2,060	\$2,060	\$1,030
27 Transporter's License	\$210	\$210	\$105
28 Air Transporter License	\$520	\$520	\$260
29 Bottle House/Bottling House Storage License	\$1,030	\$1,030	\$515
30 Malt Beverage Storage License	\$260	\$260	\$130
31 Distilled Spirits/Wine Storage License	\$620	\$620	\$310
32 Special Temporary Alechalia Paramana Alechalia P	\$100	\$100	
33 Special Temporary Alcoholic Beverage Auction License	\$100	4040	444-
34 Hotel In-Room License	\$210	\$210	\$105
35 Sampling License 36 Limited Restaurant License	\$110	\$110	\$55
37 Limited Golf Course License	\$780 \$730	\$780 \$730	\$390
38 Entertainment Destination Center License	\$720	\$720	\$360
39 Qualified Historic Site License	\$7,730	\$7,730 \$1,030	\$3,865
40 Transitional Distilled Spirits and Wine License	\$3,030	\$1,030	\$515
41 Transitional Malt Beverage License	\$60 \$60	\$60	
42 Special Nonbeverage Alcohol License	\$60 \$60	\$60 \$60	ćan
43 Caterer's License	\$60 \$830	\$60	\$30 \$415
44 Special Sunday Retail Drink License	\$830 \$520	\$830 \$530	\$415
45 Authorized Public Consumption License	\$520 \$250	\$520 \$250	\$260 \$125
* These license times have a con (4) or two (3) were licensian (where	\$230	 	\$125

^{*} These license types have a one (1) or two (2) year licensing/renewal option available.

^{**} The qualifying holder of either type of retail malt beverage (beer) licenses (either the NQ-4 Retail Malt Beverage Drink or the NQ-Retail Malt Beverage Package license) may add the second license for a reduced licensing fee of \$50.00

Special Agent's or Solicitor's License Application Revised June 2017



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

	Site ID #	
Val	\$	_
Val	\$	_

SPECIAL AGENT'S OR SOLICITOR'S LICENSE APPLICATION

TEREBUILD STEED STEED		-EAVE BLANK -	FOR ABC	OSE ONLY			
License #	\$ Lice	ense#		_\$	License	#\$	
License #	\$ Lice	ense #		_\$	License	#\$	
Reviewing Licensing Administrati	ve Specialist:			Input i	Date:	Review Date:	
Malt Beverage Administrator's Ap	oproval:			Date:			
Distilled Spirits Administrator's Ap	oproval:			Date:			
		SE/	TION A				
		JE					
Name of person(s) or company to b	e licensed:		app	licant's name	if sole proprietor)		
DBA (Doing Business As):			1.				
Address of premises to be licensed:							
City:	State:	/_	Zip:		County	<u> </u>	
Mailing address (if different from ab	ove):						<u> </u>
Contact person:	12 pro-		E-mail ac	ldress:			
Contact phone:	Fax:	/	Premis	ses phone:			
Desired effective date of license(s);				_	\		
		SEC	TION B	THE STATE	ALC: N	USBUR BEWARE	HINE KIND
Complete the following for the but officers, directors, partners, managi highest ranking officers and any nat pages as needed.	ng members, members,	and shareholders.	If privately-	held, show 1 n-profit, list t	100% on the owi	nership. If publicly-traded, lis	t the three
NAME AND HOME ADDRESS	ALL PHONE NUMBER H= HOME W= WORK C= CELL	DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OF BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP
	н		77.		7-7		
	w			YES			%
	С			□ NO			,
	н						0
	w			YES			%
	С			□ NO			
	н					****	
	w			YES			%
	С			□ NO			
			1076				

		SECTION C	Control of the state Notice	The Walls Indian	33500					
11	Does the applicant or any person named in Section B of		interest or more in any alcohol	T YES						
18.0	license type? (804 KAR 4:015)	this application have to A	interest of more in any alcohol	I IES	NO					
	If yes, attach a statement identifying the person(s) and o	lescribe the interest(s).								
2	2. Has the applicant or any person named in Section B been convicted of any felony, been released from felony									
	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))									
9	Has the see Board as a second see a second see			_						
3.	Has the applicant or any person named in Section B bee alcohol or a controlled substance within the past two (2)			YES	NO					
	1	years: (ICICO 240.100(1)(D) and (C))							
4.	Has there ever been a suspension, denial, or revocation		license held by	YES	NO					
	the applicant or by any person named in Section B of this if yes, attach a statement giving a full explanation, include		desial or averaging							
	in yes, attach a statement giving a lunexplanation, mout	ing dates of suspension,	denial, obrevocation.							
	STOTE THE WAR SO THE WAY	SECTION D	AND STREET, ST		OF THE REAL					
Check	the license type(s) for which the applicant is applying. For		ed, the applicant affirms that the requi	rements for that licen	se type(s)					
are me	et.									
	LICENSE TYPES		Licensing Fee Full Year	Licensing Half Ye						
Г	Special Agent's or Solicitor's License (KRS 243.340)		\$30	\$15						
		X		,						
	Resident of Kentucky Non-resident of Ken	tucky		1						
	f non resident attach solicitor's license from your state (or)									
	approval from your state alcoholic beverage agency.									
	/									
	The second secon		Cara Constitution I - Co							
140		SECTION E								
1.	Applicant's current employer name									
2.	Applicant's current employer license number:	\								
	Does the applicant work or plan to work for any retailer of	alcoholic beverages?		☐ YES						
	The applicant's employer must sign the following:		1	ILS	NO.					
	_	principal officer of	\							
		principal officer of	1	(company),						
	holder of Kentucky Department of Alcoholic Beverage Con	trol license number		 do hereby retain 	as a					
1	Special Agent or Solicitor the above named applicant.		\							
_										
	Employer's Signature	Title	Date		-					
			<u> </u>		_					
		APPLICANT AFFID	PAVIT							
(print	your name here)	do hereby sw	ear or affirm under penalty of perju	IN that all statement	s contained					
this a	application and any attachments are true and correct to	the best of my knowledge	e, information, and belief. I hereby	swear or affirm that	I shall not					
ngage epartr	in any activity involving alcoholic beverages at the pre- ment of Alcoholic Beverage Control. I hereby swear or a	nises described herein u affirm that if the license(s	intil I have been issued the appropr I is issued. I shall abide by all state	iate license(s) by th	e Kentucky					
nd ord	linances relating to the manufacture, sale, use, and traffic	cking in alcoholic beverag	ies. I hereby swear or affirm that no	persons listed in Se	ction (B) of					
แร ap .uthorit	plication are in default of a repayment obligation of the payment of the place of t	under any financial pro	ogram administered by Kentucky	Higher Education	Assistance					
	• • •									
ıgnatı	re of Applicant:		Title:	Date:						

Credit/Debit Payment Form Revised June 2017



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

CREDIT/DEBIT PAYMENT FORM

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Please provide your name, address, telephone number, and payment amount:
Name
Address
Telephone Number
Payment Amount \$
CREDIT CARD PAYMENT
Card type: □ VISA □ Mastercard □ Discover
Print Name (as it appears on the card)
Card Number
Expiration Date (Month/Year)
CVV/Credit Card Security Code (3 digit number on the back of the catd)
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 for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.
Signature Date

Special Temporary License Application Revised June 2017



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

	Site ID #	
Val	\$	
Val _	\$\$	

SPECIAL TEMPORARY LICENSE APPLICATION

A temporary license may be obtained only if the event is located in a wet territory where retail alcoholic beverage sales are permitted. This license cannot be issued in moist or dry territories.

permitted. This incense cannot be issued in moist of dry territories.								
LEAVE BLANK - FOR ABC USE ONLY								
License #\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$								
Reviewing Licensing Administrative Specialist: Input Date: Review Date:								
Malt Beverage Administrator's Approval: Date:								
Distilled Spirits Administrator's Approval: Date:								
SECTION A								
Check the type of temporary license(s)for which the applicant is applying:								
☐ Special Temporary license KRS 243.260 (\$100) ☐ Special Temporary Alcoholic Beverage Auction license KRS 243.036 (\$100)								
Name of person(s) or company to be licensed:								
Name of the special event:								
Address of premises to be licensed:								
City:								
Mailing address (if different from above):								
Contact person: E-mail address:								
Contact phone:								
SECTION B								
1. Amount of fee enclosed (make certified check, cashier's check, or money order payable to Kentucky State Treasurer):								
2. Period to be covered by license beginning (month) (day) (year) through								
2. Period to be covered by license beginning (month) (day) (year) through								
3. What are the date(s) and time(s) of the qualifying event?(cannot exceed 30 days)								
4. Does the applicant own the premises where the qualifying event is to take place?								
If yes, <u>attach</u> a copy of the deed. If no, <u>attach</u> a copy of the lease, permit, or letter of permission to use this property, signed by the applicant and the owner of the premises. List the premises owner's name and contact information:								

SECTION C

Complete the following for the business proprietor, partner(s), and all persons having an interest 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 publicly-traded, list the three highest ranking officers and any natural person who owns ten (10) percent or more. If a non-profit organization, list the highest ranking top director or officer. Attach background checks for those listed below. Attach additional pages as needed.

TITLE

STATE(S) WHERE

PERSON RESIDED IN

% OF

DATE OF

LAST 4

DIGITS OF

ALL PHONE NUMBERS

H= HOME

W= WORK

NAME AND HOME ADDRESS

NAIV	IE AND HOME ADDRESS	W= WORK C= CELL	SOCIAL SECURITY NUMBER	IIILE	US	BIRTH	1	ON RESIDED IN AST 5 YRS	OWNER (if applic	
		H			☐ YES					%
		c C			☐ YES					%
		H			YES NO					%
e i		H W C			☐ YES					%
		STANSPLE IN THE RESERVE OF A	SEC	TION D	(C) (F) (S)					
1.	Are the premises to be licens If yes, state the name of the			-				☐ YES	□ №	
2.	Is the applicant a non-profit of NOTE: Applications by legall must <u>attach</u> supporting evide the local government's knowled	y recognized for-profit entit ence of the civic nature of t	he event (i.e. pr	omotional m	or communi aterials or no	ity sponsored e ews articles evi	vents, dencing	YES	□NO	
3.	Is the applicant a corporation If yes, Is the entity in good st applicant's good standing).						itity?	☐ YES	□ NO	1
4.	Attach a description of the ellipse Include any other information Note: An ABC licensed cates No free samples of alcoholic All alcoholic beverages for the	the applicant wishes the s rer may not cater alcoholic beverages may be provide	tate administrat beverages at ar d at the event.	ors to consider or covered to the considering	der. red by a spe	ecial temporary				
5.	Name of the responsible part		•			33				
				t Phone # _	550		1			
6.	Does the applicant or any pe (804 KAR 4:015)							☐ YES	□NO	
7.	If yes, please list or explain	son named in Section C be	en convicted of	any felony, l	oeen release	ed from felony c		YES	□ №	

8. Has the applicant or any person named in section C been convicted of a misdemeanor directly or indirectly related to

alcohol or controlled substance within the past two (2) years? (KRS 243.100(1)(b) and (c))

□ NO

☐ YES

SECTION E	
Check the type(s) of license(s) for which the applicant is applying. For each license type selected, the license type are met.	e applicant affirms that the requirements for that
License types	Licensing Fee
Special Temporary License (KRS 243.260 and 804 KAR 4:250)	\$100.00
☐ Special Temporary Alcoholic Beverage Auction License (KRS 243.036)	\$100.00
LOCAL ABC ADMINISTRATOR APPROV	/AL
Applicant must complete this section if an equivalent lo	ocal ligense is required
I certify under oath that the applicant(s) has been approved for the equivalent local license type and that the applicant satisfies all local ordinances.	
The premises to be licensed is located in the following WET PRECINCT:	
APPLICANT'S NAME: ADDRESS:	
SIGNATURE OF LOCAL ABC ADMINISTRATOR:	
PRINTED NAME OF LOCAL ABC ADMINISTRATOR:	
City of Administrator OR County of	Administrator
APPLICANT AFFIDAVIT	Managara Tangara Tangara Tangara
I, (print your name here) do hereby swear or affining this application and any attachments are true and correct to the best of my knowledge, informat engage in any activity involving alcoholic beverages at the premises described herein until I have Department of Alcoholic Beverage Control. I hereby swear or affirm that if the license(s) is issued and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby application are in default of a repayment obligation under any financial program adminimately (KHEAA) such as a student loan repayment.	been issued the appropriate license(s) by the Kentucky I, I shall abide by all state and local statutes, regulations, swear or affirm that no persons listed in Section (C) of this

Title:

Signature of Applicant:_

Date:

Credit/Debit Payment Form Revised June 2017



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

CREDIT/DEBIT PAYMENT FORM

There is a 2.75% convenience fee added to the total for credit card payments.

Please provide your name, address, telephone number, and payment amount:
Name
Address
Telephone Number
Payment Amount \$
CREDIT CARD PAYMENT
Card type: □ VISA □ Mastercard □ Discover
Print Name (as it appears on the card)
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 for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.
Signature Date

Out-of-State Background Checks Revised June 2017



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

To obtain your criminal history check, call a phone number or visit a website listed below:

Alabama	1-866-740-4762	http://background.alabama.gov/
Alabama	or 334-517-2470	
Alaska	907-269-5767 or	l //
	907-269-5640	and the state of t
Arizona	602-223-2222	http://www.azdps.gov/Services/Records/Criminal_History_Records/
Arkansas	501-618-8500	https://www.ark.org/criminal/index.php
California	Please contact	http://oag.ca.gov/fingerprints/security
	our office for	
	information.	
Colorado	303-239-4208	https://www.cbirecordscheck.com/
Connecticut	860-685-8480	http://www.ct.gov/despp/lib/despp/reports_and_records/dps-846-c.pdf
Delaware	Please contact	http://bsp.delaware.gov/state_bureau_of_identification.shtml
	our office for	
	information.	
Florida	850-410-8109	https://web.fdle.state.fl.us/search/app/default
Georgia	404-244-2639	http://gbi.georgia.gov/obtaining-criminal-history-record-information
Hawaii	808-587-3100	https://ecrim.ehawaii.gov/ahewa/
Idaho	208-884-7130	https://www.isp.idaho.gov/BCI/index.html
Illinois	815-740-5160	http://www.isp.state.il.us/crimhistory/chri.cfm
Indiana	317-233-5424	http://www.in.gov/ai/appfiles/isp-lch/
Iowa	515-725-6066	http://www.dps.state.ia.us/DCI/supportoperations/crimhistory/
		obtain_records.shtml
Kansas	785-296-2454,	http://www.kansas.gov/kbi/criminalhistory/
	785,296-5059,	
	or	
	800-452-6727	
Kentucky	800-928-6381 or	http://courts.ky.gov/aocycriminalrecordreports/Pages/default.aspx
	502-573-1682	
Louisiana	225-925-6096 or	https://www.cfprd.doa.louisiana.gov/LaServices/PublicPages/
	225-925-6095	ServiceDetail.cfm?service_ld=3386
Maine	207-624-7240	https://www5.informe.org/online/pcr/
Maryland	410-764-4501 or	http://www.dpscs.state.md.us/publicservs/bgchecks.shtml
	888-795-0011	
	1	

Massachusetts	617-660-4600	http://www.mass.gov/eopss/agencies/dcjis/
Michigan	517-241-0606	http://www.michigan.gov/msp/0,4643,7-123-1878_8311,00.html
Minnestoa	651-793-2400	https://cch.state.mn.us/
Mississippi	Please contact our office for information.	http://www.msdh.state.ms.us/msdhsite/index.cfm/30,0,206,html
Missouri	573-526-6312	https://www.machs.mshp.dps.mo.gov/MACHSFP/home.html
Montana	406-444-3625	https://dojmt.gov/enforcement/background-checks/
Nebraska	402-479-4971	https://www.nebraska.gov/apps-nsp-limited-criminal/
Nevada	775-684-6262	http://gsd.nv.gov/uploadedFiles/gsdnvgov/content/Home/Features/ DPS_006_Form112015.pdf
New Hampshire	603-223-3867	http://www.nh.gov/satety/divisions/nhsp/ssb/crimrecords/index.html
New Jersey	609-882-2000 ext 2918	http://www.njsp.org/criminal-history-records/index.shtml
New Mexico	505-827-9181	http://www.dps.state.nm.us/index.php/criminal-history-records/
New York	212-428-2943	http://www.criminaljustice.ny.gov/ojis/recordreview.htm
North Carolina	919-890-1000	http://www.nccourts.org/Citizens/GoToCourt/Default.asp?topic=1
North Dakota	701-328-5500	https://www.ag.nd.gov/BCI/CHR/
Ohio	877-224-0043	http://www.ohioattorneygeneral.gov/Business/ Services-for-Business/WebCheck
Oklahoma	405-848-6724	https://www.ok.gov/osbi/Criminal_History/
Oregon	503-378-5470 or 888-272-5545	http://www.oregon.gov/dhs/business-services/chc/Pages/index.aspx
Pennsylvania	888-783-7972	https://epaich.state.pa.us/Home.jsp
Rhode Island	401-274-4400	http://www.nag.state.ri.us/BCI/index.php
South Carolina	803-737-9000	http://www.sled.state.sc.us/CISystem/Images/Catch/ CriminalRecordsCheckForm.pdf
South Dakota	605-773-3331	http://dci.sd.gov/Operations/Identification/ BackgroundCheckRequirements/StateOnlyBackgroundCheck.aspx
Tennessee	615-744-4000	https://www.tn.gov/tbi/article/background-checks
Texas	855-481-7070	https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/
Utah	801-965-4445	http://bci.utah.gov/criminal-records/
Vermont	802-241-5157	http://vcic.vermont.gov/ch-information/record-checks
Virginia	804-674-2131	http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtm
Washington	360-534-2000 option 2	http://www.wsp.wa.gov/crime/chrequests.htm
West Virginia	304-746-2235 or 304-746-2498	http://www.wvsp.gov/Pages/default.aspx
Wisconsin	608-266-7314	https://www.doj.state.wi.us/dles/cib/ background-check-criminal-history information
Wyoming	307-777-7181	http://wyomingdci.wyo.gov/dci-criminal-justice-information-systems-section/criminal-records-section

Transfer of Ownership Interest Application Revised June 2017

Name of licensee:



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

	Site ID #
Val	\$
Val	\$

TRANSFER OF OWNERSHIP INTEREST APPLICATION

Pursuant to KRS 243.630 and 804 KAR 1:010, I am a current active licensee with the Kentucky Department of Alcoholic Beverage Control.

SECTION A

DBA:								
Address of premises:								
City	State:		_ Zip:		Count	y:		
State ABC License Number(s):								
Application Administrative Fee:	****	(Lic	cense fee per pr	emises) F	Payment en	closed: \$		
		SECTI	ON B					
Complete the following for the busine officers, directors, partners, managing highest ranking officers and any nadirector or officer. Attach background	members, members, a atural person who o	and shareholders. wns ten (10) pe	f privately-held cent or more.	show 100%	6 of the ow	nership. If public	ly-trade	d, list the three
NAME AND ADDRESS OF <u>NEW</u> PERSON(S) ACQUIRING AN INTEREST	ALL PHONES NUMBERS H= HOME W=WORK C=CELL	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OF BIRTH	LIST DATE & STATE(S) WHERE YOU RESIDED IN PAST 5 YEARS	ACQUIRING % OF OWNERSHIP	LIST PERSON YOU ARE REPLACING (If applicable)
	H W C			☐ Yes				
	H			☐Yes			1	
	н w			☐Yes				

	SECTION C								
	The following questions are to be completed by the <u>new</u> person(s) listed in Section (B) of this application.								
1.	Do you have an interest in any alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying? If yes, describe the interest(s).	YES	□ NO						
2.	Have you been convicted of any felony in the past five (5) years or been convicted of misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?	☐ YES	□ №						
3.	Are there pending proceedings against the licensee for a violation of any statute or regulation which may result in the suspension or revocation of this license(s)?	☐ YES	□ NO						
4.	Is the licensee in debt on the inventory to Kentucky Wholesaler responsible for the collection and payment of the tax imposed under KRS 243.884?	YES	□ №						
5.	Does the licensee owe the Commonwealth of Kentucky, Department of Revenue, afly taxes as defined in KRS 243.500(5)?	YES	□ №						
- Hallan	SECTION D								
cont	Affidavit of person(s) new to the original application listed in Section B shall complete the print your name here) do hereby swear or affirm under penalty of pertained in this application and any attachments are true and correct to the best of my knowledge, information, and be a shall not engage in any activity involving alcoholic beverages at the premises described herein under the pr	rjury that all stater belief. I hereby	ments swear or affirm						
appr abid I he	ropriate license(s) by the Kentucky Department of Alcoholic Beverage Control. I hereby swear or affirm that if the by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and tra pereby swear or affirm that no persons listed in Section B of this application are in default of a rep ancial program administered by Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment	f the license(s) is afficking in alcoh payment obligation	s issued, I shall olic beverages.						
Sigr	nature Title	Date							
Swo	orn or affirmed before me on thisday of, 20 My Commission expires								
Nota	ary PublicCounty ofState	le of							
Nota	ary ID#								
	SECTION E								
I, bus	Affidavit of the director, principal officer, or manager of the licensee shall complete		rship of this						
Nar	meTitlePercent	of ownership (%)							
Nar	meTitlePercent	of ownership (%)							
Nar	meTitlePercent	of ownership (%)							
Nar	meTitlePercent	of ownership (%)							
Sig	natureTitle	_Date							
Swo	orn or affirmed before me on thisday of,20 My Commission e	xpires							
Not	tary PublicCounty of	_State of							
Not	tan, ID#								

	SECTION F	
	CHECK LIST	
1.	Have you completed all questions on this application?	
2.	Have you enclosed your Administrative fee? Payment may be made by completing the Credit/Debit Payment Form or by certified check, cashier's check, or money order payable to: Kentucky State Treasurer	
3.	Have all required persons signed this application and are signatures dotarized?	
4.	Have you attached recent criminal background checks on all new individuals?	
5.	You are now ready to forward this form, any attachments, and fee to:	
	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	

DEBENDANCE IN	SECTION G	
This section is For ABC Dept.	use Only	
	Commonwealth of Kentucky State ABC Administrator(s) Response	
This Request for Approval of a Transfer of Ownership Interest has been reviewed and will be made part of your original application on file with the Department.		
or your original applicat	not on the with the Department.	
☐ Approved	□ Denied	
		Malt Beverage Administrator
		Distilled Spirits Administrator
On thisday	of20	