

Batch License Renewal
Revised May 2026



Applicants must
complete all sections
of this renewal form.

**PUBLIC PROTECTION
CABINET**

Department of Alcoholic Beverage Control

**Commonwealth of Kentucky
Department of Alcoholic Beverage Control
500 Mero St. 2NW WK#21
Frankfort, KY 40601
ABC.ky.gov**

BATCH LICENSE RENEWAL APPLICATION

Mailing Address:

Sample BBQ
123 East Main St.
Frankfort, KY 40601

Licensee Name: **Sample LLC**

Premises Address & Site ID #: 123

Sample BBQ
456 East Main St.
Frankfort, KY 40601

If the licensee has no holds or modifications, you can renew online through the Kentucky Belle External Portal system at <https://abcportal.ky.gov/BELLEExternal>. Detailed instructions for associating your account with your ABC license can be found at abc.ky.gov under "Licensing." You will need the Site ID and license number.

Section 1. Renewal Fees

Title of License	License Number	Current License Expires	Site ID	Annual Renewal Fee (1 Year)
Tobacco, Nicotine or Vapor Product License	024-TNVPL-1234	1/01/2027	123	\$500
Tobacco, Nicotine or Vapor Product License				\$500
Total Amount Enclosed				\$ _____

Note: A 2.75% convenience fee added to the total for credit card payments or a \$0.35 convenience fee added to the total for EFT/ACH payments.

Section 2: Holds – Delays

- No Holds

Continue to next page.

Section 3. Requirements

Does the applicant still have a valid deed, lease, permit, management agreement or land contract for the licensed premises?

- Yes No

Has there been any changes which would require a new application, or has anyone who has interest in the license(s) been convicted of a Misdemeanor directly or indirectly related to alcohol beverages or controlled substances, or any Felony since this license was obtained?

- Yes No

Has there been any change in the ownership structure of the business?

- Yes No

Has there been any change in the business premises address?

- Yes No

Please Note: If, after a license has been issued, and there is a change in any of the facts required to be set forth in the application, a verified supplemental statement in writing giving notice of the change shall be filed with the department within ten (10) days after the change.

Section 4. Instructions

TO AVOID LOSING YOUR RIGHT TO SELL TOBACCO, NICOTINE OR VAPOR PRODUCTS, PLEASE RETURN YOUR RENEWAL WITH PAYMENT BY THE DECEMBER 15 FOR PROCESSING.

- Complete the entire form, sign and date on Section 5.
- Return renewal form, all documents and payment immediately.
- **DO NOT SEND CASH!** Payment Authorization Form, Check or Money Order to be made payable to: **Kentucky State Treasurer.**

Section 5. Signature and Contact Information

Please Print Name of Licensee: _____

Day Phone: _____ Email Address: _____

Signature of Licensee: _____ Date Signed: _____