



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**

**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](http://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 DECEMBER 15TH 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: \_\_\_\_\_