Temporary License Application
Revised May 2026

TEAM KENTUCKY®
PUBLIC PROTECTION CABINET
Department of Alcoholic Beverage Control

Internal Use Only

Site ID:

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

TOBACCO, NICOTINE OR VAPOR PRODUCT TEMPORARY LICENSE APPLICATION

1. Company Name: _____ SSN/FEIN: _____

2. Contact Person: First Name: _____ Last Name: _____

3. Contact Phone: _____ Email Address:_____

4. Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity?

   ☐ Yes ☐ No

   If yes, attach a copy of the applicant's Certificate of Existence or Certificate of Authority to do business in Kentucky.

   If no, is the applicant a Sole Proprietor?

   ☐ Yes ☐ No

5. Does the applicant currently hold an active license, "In review" application, or has the applicant been licensed with KY ABC previously?

   ☐ Yes ☐ No

   If yes, please provide License Number & Site ID. _____

6. Does the applicant own the premises to be licensed or have possession of it under a written agreement such as lease, deed or certification from the landlord or landowner that the premises to be licensed can be used for the sale of alcohol and/or tobacco, nicotine or vapor products at retail?

   ☐ Yes ☐ No

   Please attach legal description of the boundaries of the premises (i.e. drawings, blueprints, a deed, or metes and bounds, etc.) as well as a copy of written agreement showing the applicant's ownership or possession.

7. DBA Name: _____

8. Address of Premises: Physical Address: _____

   City: _____ State:_____ Zip Code: _____ County: _____

9. Company Ownership Details. For each owner, please provide the following details:
(If publicly traded, please list officer(s) position. Please use additional paper if needed)

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Has the individual 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? ☐ Yes ☐ No

Has the individual been convicted of a misdemeanor directly or indirectly related to a controlled substance within the past two (2) years? ☐ Yes ☐ No

Has there been a revocation of any Kentucky tobacco, nicotine or vapor product license held by the individual listed above in the last two (2) years preceding this application? ☐ Yes ☐ No

Has the individual been convicted of knowingly providing false information to the department preceding the application? ☐ Yes ☐ No

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Has the individual 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? ☐ Yes ☐ No

Has the individual been convicted of a misdemeanor directly or indirectly related to a controlled substance within the past two (2) years? ☐ Yes ☐ No

Has there been a revocation of any Kentucky tobacco, nicotine or vapor product license held by the individual listed above in the last two (2) years preceding this application? ☐ Yes ☐ No

Has the individual been convicted of knowingly providing false information to the department preceding the application? ☐ Yes ☐ No

Parent/Holding Company (if applicable). Circle type of holding company below.
Individual Company Trust Officer

Is the Company registered in Kentucky? ☐ Yes ☐ No

Company Name	% of ownership

Parent/Holding Company Mailing Address:

Street Address: _____City: _____ State: _____

Zip Code: _____ County: _____

Has there been a revocation of any Kentucky Tobacco, Nicotine or Vapor product license held by the company listed above in the last two years? ☐ Yes ☐ No

10. License Type and Fees:

License Type:	License Details:	**Fee:**
Temporary Tobacco, Nicotine or Vapor Product License	This license allows a business to purchase tobacco, nicotine or vapor products from distributors and sell them to consumers 21 years of age or older at Fairs, Festivals and other similar events for up to 30 days.	**$50 Licensure Fee**

11. Name of Event:

a Event Start Date: _____

b Event End Date: _____

c Attach a Flyer of Event or Complete Description of Event:

_____

_____

_____

12. Event Information:

d Address: _____

_____

13. Event Contact Details:

e Name: _____

f Phone: _____

g Email: _____

Affirmation

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 all the 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 is issued, the applicant shall abide by all state and local statutes, regulations and ordinances relating to manufacture, sale, use and trafficking in tobacco, nicotine or vapor products.

Signature: _____ Date: _____