



**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>

Date received

AOR NO.: \_\_\_\_\_  
FOR ABC USE ONLY

### **ADVISORY OPINION REQUEST FORM**

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

Name of Requestor (individual or business entity): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Question or issue to be addressed: \_\_\_\_\_

Applicable statutes, regulations, ordinances, or other authority: \_\_\_\_\_

Proposed response, comment, or basis for reconsideration request: \_\_\_\_\_

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

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

Signature of Requestor or Requestor's Agent \_\_\_\_\_ Date \_\_\_\_\_

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