



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>

DORMANCY REQUEST FORM

Pursuant to 804 KAR 4:110, the licensee below asks that Quota Retail license number _____ be placed in dormant status. The licensee understands that if this dormancy is granted, the annual license fee must be paid, and upon the expiration of this dormancy period, if necessary, licensee may request one additional dormancy period.

The licensee understands that if the dormancy extension is granted, the annual license fee must be paid, and upon expiration of the dormancy extension period the quota retail license will become inactive.

The licensee requests that the license be granted dormant status for the following reasons (please explain):

An act of God or casualty _____

Acquisition of the premises by a government agency under power of eminent domain _____

Acquisition of the premises by a private corporation through granted power of eminent domain _____

Loss of lease through failure of landlord to renew existing lease _____

Court action _____

Business reason _____

Extension reason _____

Signature _____ Print Name _____

Mailing Address _____ E-mail _____

Contact Phone _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public _____

My Commission Expires _____, 20_____ Notary ID# _____

Fee \$ _____ Val # _____

(for ABC use only)