



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>

NON-TRANSFER AFFIDAVIT FORM

I, _____, do hereby swear or affirm under penalty of perjury that there has been no purchase or transfer of any ownership interest in a license(s) or business previously issued to _____, for which an application has been filed with the Kentucky Department of Alcoholic Beverage Control.

X _____

Signature of Affiant

X _____

Printed Name

Mailing Address:

Contact Phone Number

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

X _____

Notary Public

KY State at Large

County of _____

My Commission Expires _____ Notary ID# _____