



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>

PRIVATE EVENT REQUEST FORM

The following Licensee requests written approval to permit a private event on the premises:

Name of Licensee _____
DBA _____
License Number(s) _____
Address of Premises _____
Telephone Number _____

Describe the private event:

Date of event _____

List the time-period the licensed premises will be closed to the public:

From _____ a.m. / p.m. to _____ a.m. / p.m.

I hereby swear or affirm under penalty of perjury that all statements provided in this request including the event description are true and correct.

Signature of Licensee _____ **Date** _____

This section is For ABC Dept. Use Only

Approved **Denied**

_____ **Kentucky Malt Beverage Administrator**

_____ **Kentucky Distilled Spirits Administrator**

On this _____ day of _____ 20____

DISPLAY THIS APPROVAL PROMINENTLY DURING SPECIAL EVENTS