**Additional License(s) Application**

Revised June 2017

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
500 Mero Street 2NE33
Frankfort, KY 40601
502-564-4850 phone
502-564-1442 fax
http://abc.ky.gov

ADDITIONAL LICENSE(S) APPLICATION

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<table>
<thead>
<tr>
<th>License #</th>
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Reviewing Licensing Administrative Specialist: ___________________________

Malt Beverage Administrator’s Approval: ___________________________

Distilled Spirits Administrator’s Approval: ___________________________

Date: ___________________________

Date: ___________________________

SECTION A

Name of person(s) or company to be licensed: ___________________________

DBA (Doing Business As): ___________________________

Address of premises to be licensed: ___________________________

Contact person: ___________________________

Contact phone: ___________________________ E-mail address: ___________________________

List the active Department of Alcoholic Beverage Control license number(s) for the premises:

SECTION B

Check type(s) of license(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type(s) are met.

<table>
<thead>
<tr>
<th>License Types</th>
<th>Licensing Fee Full Year</th>
<th>Licensing fee Half Year</th>
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</thead>
<tbody>
<tr>
<td>Extended Hours Supplemental License Available only to NQ-1 Retail Drink and Qualified Historic Site licensees and licensees located within a commercial airport. (KRS 243.050, 804 KAR 4:230)</td>
<td>$2,060</td>
<td>$1,030</td>
</tr>
<tr>
<td>Special Sunday Retail Drink License Available only if authorized by local ordinance or local option election. (KRS 244.290, KRS 244.295)</td>
<td>$520</td>
<td>$260</td>
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<tr>
<td>Supp...lican...t Bar License Fees are required for the first five(5). (KRS 243.037, KRS 241.001)</td>
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</table>

Check the required primary license type:

- [ ] Limited Restaurant $780 $390
- [ ] Limited Golf Course $720 $360
- [ ] Quota Retail Drink $620 $310
- [ ] NQ-2 Retail Drink $830 $415
- [ ] NQ-3 Retail Drink $310 $155

Number of Supplemental Bar Licenses: ____________
SECTION B (Continued)

<table>
<thead>
<tr>
<th>License Types</th>
<th>Licensing Fee Full Year</th>
<th>Licensing fee Half Year</th>
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</thead>
<tbody>
<tr>
<td>☐ Sampling License</td>
<td>$110</td>
<td>$55</td>
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<tr>
<td>Select the applicant's primary license type: (KRS 243.0307)</td>
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<tr>
<td>☐ Distillery</td>
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<tr>
<td>☐ Quota Retail Package</td>
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<tr>
<td>☐ Quota Retail Drink</td>
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<tr>
<td>☐ NQ-1 Retail Drink</td>
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<tr>
<td>☐ NQ-2 Retail Drink</td>
<td></td>
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<tr>
<td>☐ Small Farm Winery Off-Premises Retail License</td>
<td>$30</td>
<td>$15</td>
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<tr>
<td>(KRS 243.155)</td>
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<td>Kentucky small farm winery license number:__________</td>
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<tr>
<td>☐ Hotel In-Room License (KRS 243.055)</td>
<td>$210</td>
<td>$105</td>
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</table>

LOCAL ABC ADMINISTRATOR APPROVAL

Applicant must complete this section if an equivalent local license is required

I certify under oath that the applicant(s) has been approved for the equivalent local license type(s) applied for herein for the identified premises, and that the applicant satisfies all local ordinances.

The premises to be licensed is located in the following WET/MOIST PRECINCT: ____________________

APPLICANT NAME: ____________________ ADDRESS: ____________________

SIGNATURE OF LOCAL ABC ADMINISTRATOR: ____________________ DATE: ____________

PRINTED NAME OF LOCAL ABC ADMINISTRATOR: ____________________

City of ____________________ Administrator OR County of ____________________ Administrator

APPLICANT AFFIDAVIT

I, (print your name here) ____________________ do hereby swear or affirm under penalty of perjury that all statements contained in this application and any attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear or affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Kentucky Department of Alcoholic Beverage Control. I hereby swear or affirm that if the license(s) is issued, I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear or affirm that no persons listed in Section (A) of this application are in default of a repayment obligation under any financial program administered by Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature of Applicant: ____________________ Title: ____________________ Date: ____________
CREDIT/DEBIT PAYMENT FORM
There is a 2.75% convenience fee added to the total for credit card payments.

Please provide your name, address, telephone number, and payment amount:

Name ________________________________________________________________

Address _____________________________________________________________

Telephone Number ____________________________________________________

Payment Amount $ ____________________________________________________

CREDIT CARD PAYMENT

Card type:  □ VISA    □ Mastercard    □ Discover

Print Name (as it appears on the card) ______________________________________

Card Number __________________________________________________________

Expiration Date (Month/Year) ____________________________________________

CVV/Credit Card Security Code (3 digit number on the back of the card) ______

PAYMENT REASON & AUTHORIZATION

Please apply this payment to the following licensee __________________________________

License Number(s) ______________________________________________________ SITE ID # ______________________

Reason for payment ______________________________________________________

By signing and dating this form, I authorize my credit card to be charged for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.

Signature __________________________________________________ Date _______________