



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>

Site ID #	
Val _____	\$ _____
Val _____	\$ _____

ADDITIONAL LICENSE(S) APPLICATION

LEAVE BLANK - FOR ABC USE ONLY

License # _____	\$ _____	License # _____	\$ _____	License # _____	\$ _____
License # _____	\$ _____	License # _____	\$ _____	License # _____	\$ _____
Reviewing Licensing Administrative Specialist: _____			Input Date: _____		Review Date: _____
Malt Beverage Administrator's Approval: _____			Date: _____		
Distilled Spirits Administrator's Approval: _____			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.

License Types	Licensing Fee Full Year	Licensing fee Half Year
<input type="checkbox"/> 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)	\$2,060	\$1,030
<input type="checkbox"/> Special Sunday Retail Drink License Available only if authorized by local ordinance or local option election. (KRS 244.290, KRS 244.295)	\$520	\$260
<input type="checkbox"/> Supplemental Bar License Fees are required for the first five(5). (KRS 243.037, KRS 241.010) Check the required primary license type:		
<input type="checkbox"/> Limited Restaurant	\$780	\$390
<input type="checkbox"/> Limited Golf Course	\$720	\$360
<input type="checkbox"/> Quota Retail Drink	\$620	\$310
<input type="checkbox"/> NQ-2 Retail Drink	\$830	\$415
<input type="checkbox"/> NQ-3 Retail Drink	\$310	\$155
Number of Supplemental Bar Licenses: _____		

SECTION B (Continued)

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

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: _____



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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 _____