



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>

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

SPECIAL TEMPORARY LICENSE APPLICATION

A temporary license may be obtained only if the event is located in a wet territory where retail alcoholic beverage sales are permitted. This license cannot be issued in moist or dry territories.

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

Check the type of temporary license(s) for which the applicant is applying:

- Special Temporary license KRS 243.260 (\$100) Special Temporary Alcoholic Beverage Auction license KRS 243.036 (\$100)

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

Name of the special event: _____

Address of premises to be licensed: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing address (if different from above): _____

Contact person: _____ E-mail address: _____

Contact phone: _____

SECTION B

1. Amount of fee enclosed (make certified check, cashier's check, or money order payable to Kentucky State Treasurer): _____
2. Period to be covered by license beginning (month) _____ (day) _____ (year) _____ through
(month) _____ (day) _____ (year) _____
3. What are the date(s) and time(s) of the qualifying event? _____ (cannot exceed 30 days)
4. Does the applicant own the premises where the qualifying event is to take place? YES NO
If yes, **attach** a copy of the deed.
If no, **attach** a copy of the lease, permit, or letter of permission to use this property, signed by the applicant and the owner of the premises. List the premises owner's name and contact information: _____

SECTION C

Complete the following for the business proprietor, partner(s), and all persons having an interest in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. If privately-held, show 100% of the ownership. If publicly-traded, list the three highest ranking officers and any natural person who owns ten (10) percent or more. If a non-profit organization, list the highest ranking top director or officer. **Attach** background checks for those listed below. Attach additional pages as needed.

NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK C= CELL	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OF BIRTH	STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP (if applicable)
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%

SECTION D

1. Are the premises to be licensed located within an incorporated city or town? YES NO
If yes, state the name of the city or town: _____

2. Is the applicant a non-profit organization? YES NO
NOTE: Applications by legally recognized for-profit entities, in conjunction with civic or community sponsored events, must **attach** supporting evidence of the civic nature of the event (i.e. promotional materials or news articles evidencing the local government's knowledge and support of the event). (804 KAR 4:250)

3. Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity? YES NO
If yes, Is the entity in good standing with the Kentucky Secretary of State? (**Attach** documentation showing the applicant's good standing). YES NO

4. **Attach** a description of the event. **Attach** copies of any advertising, mailers, invitations or handbills for this event.
Include any other information the applicant wishes the state administrators to consider.
Note: An ABC licensed caterer may not cater alcoholic beverages at an event covered by a special temporary license.
No free samples of alcoholic beverages may be provided at the event.
All alcoholic beverages for the event must be obtained through a licensed distributor or wholesaler.

5. Name of the responsible party/individual who shall be present at the time of event: _____
Contact Phone # _____

6. Does the applicant or any person named in Section C have 10% interest or more in any alcohol license type? YES NO
(804 KAR 4:015)
If yes, please list or explain _____

7. Has the applicant or any person named in Section C been convicted of any felony, been released from felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years? YES NO
(KRS 243.100(1)(a))

8. Has the applicant or any person named in section C been convicted of a misdemeanor directly or indirectly related to alcohol or controlled substance within the past two (2) years? (KRS 243.100(1)(b) and (c)) YES NO

SECTION E

Check the 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 are met.

License types	Licensing Fee
<input type="checkbox"/> Special Temporary License (KRS 243.260 and 804 KAR 4:250)	\$100.00
<input type="checkbox"/> Special Temporary Alcoholic Beverage Auction License (KRS 243.036)	\$100.00

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 PRECINCT**: _____

APPLICANT'S NAME: _____ **ADDRESS:** _____

SIGNATURE OF LOCAL ABC ADMINISTRATOR: _____

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 (C) 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 _____



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To obtain your criminal history check, call a phone number or visit a website listed below:

Alabama	1-866-740-4762 or 334-517-2470	http://background.alabama.gov/
Alaska	907-269-5767 or 907-269-5640	http://www.dps.state.ak.us/statewide/background/
Arizona	602-223-2222	http://www.azdps.gov/Services/Records/Criminal_History_Records/
Arkansas	501-618-8500	https://www.ark.org/criminal/index.php
California	Please contact our office for information.	http://oag.ca.gov/fingerprints/security
Colorado	303-239-4208	https://www.cbirecordscheck.com/
Connecticut	860-685-8480	http://www.ct.gov/despp/lib/despp/reports_and_records/dps-846-c.pdf
Delaware	Please contact our office for information.	http://dsp.delaware.gov/state_bureau_of_identification.shtml
Florida	850-410-8109	https://web.fdle.state.fl.us/search/app/default
Georgia	404-244-2639	http://gbi.georgia.gov/obtaining-criminal-history-record-information
Hawaii	808-587-3100	https://ecrim.ehawaii.gov/ahewa/
Idaho	208-884-7130	https://www.isp.idaho.gov/BCI/index.html
Illinois	815-740-5160	http://www.isp.state.il.us/crimhistory/chri.cfm
Indiana	317-233-5424	http://www.in.gov/ai/appfiles/isp-lch/
Iowa	515-725-6066	http://www.dps.state.ia.us/DCI/supportoperations/crimhistory/obtain_records.shtml
Kansas	785-296-2454, 785-296-5059, or 800-452-6727	http://www.kansas.gov/kbi/criminalhistory/
Kentucky	800-928-6381 or 502-573-1682	http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx
Louisiana	225-925-6096 or 225-925-6095	https://wwwcfprd.doa.louisiana.gov/LaServices/PublicPages/ServiceDetail.cfm?service_id=3386
Maine	207-624-7240	https://www5.informe.org/online/pcr/
Maryland	410-764-4501 or 888-795-0011	http://www.dpscs.state.md.us/publicservs/bgchecks.shtml

Massachusetts	617-660-4600	http://www.mass.gov/eopss/agencies/dcjis/
Michigan	517-241-0606	http://www.michigan.gov/msp/0,4643,7-123-1878_8311---,00.html
Minnesota	651-793-2400	https://cch.state.mn.us/
Mississippi	Please contact our office for information.	http://www.msdh.state.ms.us/msdhsite/index.cfm/30,0,206.html
Missouri	573-526-6312	https://www.machs.mshp.dps.mo.gov/MACHSFP/home.html
Montana	406-444-3625	https://dojmt.gov/enforcement/background-checks/
Nebraska	402-479-4971	https://www.nebraska.gov/apps-nsp-limited-criminal/
Nevada	775-684-6262	http://gsd.nv.gov/uploadedFiles/gsdnvgov/content/Home/Features/DPS_006_Form112015.pdf
New Hampshire	603-223-3867	http://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/index.html
New Jersey	609-882-2000 ext 2918	http://www.njsp.org/criminal-history-records/index.shtml
New Mexico	505-827-9181	http://www.dps.state.nm.us/index.php/criminal-history-records/
New York	212-428-2943	http://www.criminaljustice.ny.gov/ojis/recordreview.htm
North Carolina	919-890-1000	http://www.nccourts.org/Citizens/GoToCourt/Default.asp?topic=1
North Dakota	701-328-5500	https://www.ag.nd.gov/BCI/CHR/
Ohio	877-224-0043	http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck
Oklahoma	405-848-6724	https://www.ok.gov/osbi/Criminal_History/
Oregon	503-378-5470 or 888-272-5545	http://www.oregon.gov/dhs/business-services/chc/Pages/index.aspx
Pennsylvania	888-783-7972	https://epatch.state.pa.us/Home.jsp
Rhode Island	401-274-4400	http://www.riag.state.ri.us/BCI/index.php
South Carolina	803-737-9000	http://www.sled.state.sc.us/CISystem/Images/Catch/CriminalRecordsCheckForm.pdf
South Dakota	605-773-3331	http://dci.sd.gov/Operations/Identification/BackgroundCheckRequirements/StateOnlyBackgroundCheck.aspx
Tennessee	615-744-4000	https://www.tn.gov/tbi/article/background-checks
Texas	855-481-7070	https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/
Utah	801-965-4445	http://bci.utah.gov/criminal-records/
Vermont	802-241-5157	http://vcic.vermont.gov/ch-information/record-checks
Virginia	804-674-2131	http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtm
Washington	360-534-2000 option 2	http://www.wsp.wa.gov/crime/chrequests.htm
West Virginia	304-746-2235 or 304-746-2498	http://www.wvsp.gov/Pages/default.aspx
Wisconsin	608-266-7314	https://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information
Wyoming	307-777-7181	http://wyomingdci.wyo.gov/dci-criminal-justice-information-systems-section/criminal-records-section