



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 _____ \$ _____

TRANSFER OF OWNERSHIP INTEREST APPLICATION

Pursuant to KRS 243.630 and 804 KAR 4:010, I am a current active licensee with the Kentucky Department of Alcoholic Beverage Control.

SECTION A

Name of licensee: _____

DBA: _____

Address of premises: _____

City _____ State: _____ Zip: _____ County: _____

State ABC License Number(s): _____

Application Administrative Fee: _____ (License fee per premises) Payment enclosed: \$ _____

SECTION B

Complete the following for the business proprietor, partner(s), and all **NEW** 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 ADDRESS OF <u>NEW</u> PERSON(S) ACQUIRING AN INTEREST	ALL PHONES NUMBERS H= HOME W=WORK C=CELL	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	ÖÇ/ÖÁ UÖÁ ÖÖVP	LIST DATE & STATE(S) WHERE YOU RESIDED IN PAST 5 YEARS	ACQUIRING % OF OWNERSHIP	LIST PERSON YOU ARE REPLACING (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				

SECTION C

The following questions are to be completed by the new person(s) listed in Section (B) of this application.

- 1. Do you have an interest in any alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying? YES NO
If yes, describe the interest(s). _____
- 2. Have you been convicted of any felony in the past five (5) years or been convicted of misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? YES NO
- 3. Are there pending proceedings against the licensee for a violation of any statute or regulation which may result in the suspension or revocation of this license(s)? YES NO
- 4. Is the licensee in debt on the inventory to Kentucky Wholesaler responsible for the collection and payment of the tax imposed under KRS 243.884? YES NO
- 5. Does the licensee owe the Commonwealth of Kentucky, Department of Revenue, any taxes as defined in KRS 243.500(5)? YES NO

SECTION D

Affidavit of person(s) new to the original application listed in Section B shall complete this section.

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 B 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 _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, 20_____. My Commission expires _____

Notary Public _____ County of _____ State of _____

Notary ID# _____

SECTION E

Affidavit of the director, principal officer, or manager of the licensee shall complete this section.

I, _____ (title) _____ of _____ the licensee hereby disclose the ownership of this business after the acquisition of the interest by those listed in Section B of this application as follows:

Name _____ Title _____ Percent of ownership (%) _____

Name _____ Title _____ Percent of ownership (%) _____

Name _____ Title _____ Percent of ownership (%) _____

Name _____ Title _____ Percent of ownership (%) _____

Signature _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, 20_____. My Commission expires _____

Notary Public _____ County of _____ State of _____

Notary ID# _____

SECTION F

CHECK LIST

- 1. Have you completed all questions on this application?
- 2. Have you enclosed your Administrative fee?
Payment may be made by completing the Credit/Debit Payment Form or by certified check, cashier's check, or money order payable to:
Kentucky State Treasurer
- 3. Have all required persons signed this application and are signatures notarized?
- 4. Have you attached recent criminal background checks on all new individuals?
- 5. You are now ready to forward this form, any attachments, and fee to:

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SECTION G

This section is For ABC Dept. Use Only

Commonwealth of Kentucky
State ABC Administrator(s) Response

This Request for Approval of a Transfer of Ownership Interest has been reviewed and will be made part of your original application on file with the Department.

Approved **Denied**

_____ **Malt Beverage Administrator**

_____ **Distilled Spirits Administrator**

On this _____ day of _____ 20_____