



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 _____	\$ _____

TRANSPORTER'S LICENSE 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: _____
(applicant's name, if sole proprietor)

DBA (Doing Business As): _____ DOT # _____

Address of premises to be licensed: _____

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

Mailing address (if different from above): _____

Contact person: _____ E-mail address: _____

Contact phone: _____ Fax: _____ Premises phone: _____

List the type(s) of licenses(s) being applied for: _____ Desired effective date of license(s): _____

SECTION B

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, list the highest ranking director or officer. 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	LIST 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			%

SECTION C

1. Does the applicant or any person named in Section B of this application have 10% interest or more in any alcohol license type? (804 KAR 4:015) YES NO
If yes, **attach** a statement identifying the person(s) and describe the interest(s).

2. Has the applicant or any person named in Section B 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?(KRS 243.100(1)(a)) YES NO

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

4. Has there ever been a suspension, denial, or revocation of any alcoholic beverage license held by the applicant or by any person named in Section B of this application? YES NO
If yes, **attach** a statement giving a full explanation, including dates of suspension, denial, or revocation.

SECTION D

Check the license type(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"/> Transporter's License (KRS 243.200)	\$210	\$105
<input type="checkbox"/> Air Transporter's License (KRS 243.217)	\$520	\$260

SECTION E

1. If the applicant is applying for an Air Transporter's License, is the applicant a commercial airline system, charter flight system, or commercial cargo system? YES NO

2. If applying as a motor carrier, provide Department of Transportation (DOT) Identification Number: _____

3. If granted a license, I will allow any authorized ABC Investigator of the Department to stop and examine the cargo of any truck, vehicle, or aircraft in which alcoholic beverages are being transported within the Commonwealth of Kentucky. Initial here: _____

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 (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 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 _____