

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

The “Initial Tobacco, Nicotine, or Vapor Product License Application Form,” (May 2026) is the 3-page application that retailers are required to file to be licensed to sell tobacco, nicotine, or authorized nicotine vapor products in Kentucky. 26 RS SB 245 Section 5 requires such retailers to complete an application form prescribed by the Department.

The “Tobacco, Nicotine, or Vapor Product Temporary License Application Form,” (May 2026) is the 4-page application that retailers are required to file to be licensed to sell tobacco, nicotine, or authorized nicotine vapor products in at fairs, festivals, and similar events. 26 RS SB 245 Section 5 requires such retailers to complete an application form prescribed by the Department.

The “Tobacco, Nicotine, or Vapor Product License Renewal Form,” (May 2026) is the 2-page application form that licensed tobacco, nicotine, or vapor product retailers must file to renew their annual license if there has been a material change in their business since the license was issued or their last renewal. Under those circumstances, 26 RS SB 245 Section 5 requires such retailers to complete a renewal form prescribed by the Department.

“Alcoholic Beverage & Tobacco, Nicotine, or Vapor Product License Batch Application Form,” (May 2026) is a 9-page application that retailers of tobacco, nicotine, or vapor products may use to license multiple premises for the retail sale of tobacco, nicotine, or vapor products or to license their premises for both the retail sale of tobacco, nicotine, or vapor products and alcoholic beverages. 26 RS SB 245 Section 5 requires that the Department provide a singular application option for businesses or retailers seeking to batch licenses.

The “Alcoholic Beverage & Tobacco, Nicotine, or Vapor Product License Batch Renewal Form,” (May 2026) is the 2-page application form that licensed tobacco, nicotine, or vapor product retailers holding multiple tobacco, nicotine, or vapor product licensed premises or a premises licensed for the retail sale of tobacco, nicotine, or vapor product license and alcoholic beverages may use to renew their annual licenses if there has been a material change in their business since the license was issued or their last renewal. Under those circumstances, 26 RS SB 245 Section 5 requires such retailers to complete a renewal form prescribed by the Department and requires that the Department offer a singular renewal form option for businesses and retailers seeking to renew batch licenses.



PUBLIC PROTECTION
CABINET

Department of Alcoholic Beverage Control

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
500 Mero St. 2NW WK#21
Frankfort, KY 40601
ABC.ky.gov

TOBACCO, NICOTINE OR VAPOR PRODUCT LICENSE APPLICATION

1. Company Name: _____ SSN/FEIN: _____

2. Contact Person: First Name: _____ Last Name: _____

3. Contact Phone: _____ Email Address: _____

4. Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity?

Yes No

If yes, attach a copy of the applicant's Certificate of Existence or Certificate of Authority to do business in Kentucky.

If no, is the applicant a Sole Proprietor?

Yes No

5. Does the applicant currently hold an active license, "In review" application, or has the applicant been licensed with KY ABC previously?

Yes No

If yes, please provide License Number & Site ID. _____

6. Does the applicant own the premises to be licensed or have possession of it under a written agreement such as lease, deed or certification from the landlord or landowner that the premises to be licensed can be used for the sale of alcohol and/or tobacco, nicotine or vapor products at retail?

Yes No

Please attach legal description of the boundaries of the premises (i.e. drawings, blueprints, a deed, or metes and bounds, etc.) as well as a copy of written agreement showing the applicant's ownership or possession.

7. DBA Name: _____

8. Address of Premises: Physical Address: _____

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

9. Company Ownership Details. For each owner, please provide the following details:
(If publicly traded, please list officer(s) position. Please use additional paper if needed)

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Has the individual 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

Has the individual been convicted of a misdemeanor directly or indirectly related to a controlled substance within the past two (2) years? Yes No

Has there been a revocation of any Kentucky tobacco, nicotine or vapor product license held by the individual listed above in the last two (2) years preceding this application? Yes No

Has the individual been convicted of knowingly providing false information to the department preceding the application? Yes No

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Has the individual 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

Has the individual been convicted of a misdemeanor directly or indirectly related to a controlled substance within the past two (2) years? Yes No

Has there been a revocation of any Kentucky tobacco, nicotine or vapor product license held by the individual listed above in the last two (2) years preceding this application? Yes No

Has the individual been convicted of knowingly providing false information to the department preceding the application? Yes No

Parent/Holding Company (if applicable). Circle type of holding company below.

Individual Company Trust Officer

Is the Company registered in Kentucky? Yes No

Company Name	% of ownership

Parent/Holding Company Mailing Address:

Street Address: _____ City: _____ State: _____

Zip Code: _____ County: _____

Has there been a revocation of any Kentucky Tobacco, Nicotine or Vapor product license held by the company listed above in the last two years? Yes No

10. License Type and Fees:

License Type:	License Details:	Fees:
Tobacco, Nicotine or Vapor Product License	This license allows a business to purchase tobacco, nicotine or vapor products from distributors and sell them at retail to consumers 21 years of age or older.	\$500 Annual Licensure Fee (which includes \$50 Non-Refundable Application Fee)

Affirmation

I do hereby swear or affirm, under penalty of perjury, that I am authorized to submit this application on behalf of the named applicant and all the information and statements contained therein and any attachments are true and correct to the best of my knowledge, information and belief. I hereby swear or affirm that if the license is issued, the applicant shall abide by all state and local statutes, regulations and ordinances relating to manufacture, sale, use and trafficking in tobacco, nicotine or vapor products.

Signature: _____

Date: _____



PUBLIC PROTECTION
CABINET
Department of Alcoholic Beverage Control

Site ID: _____

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
500 Mero St. 2NW WK#21
Frankfort, KY 40601
ABC.ky.gov

TOBACCO, NICOTINE OR VAPOR PRODUCT TEMPORARY LICENSE APPLICATION

1. Company Name: _____ SSN/FEIN: _____

2. Contact Person: First Name: _____ Last Name: _____

3. Contact Phone: _____ Email Address: _____

4. Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity?

Yes No

If yes, attach a copy of the applicant's Certificate of Existence or Certificate of Authority to do business in Kentucky.

If no, is the applicant a Sole Proprietor?

Yes No

5. Does the applicant currently hold an active license, "In review" application, or has the applicant been licensed with KY ABC previously?

Yes No

If yes, please provide License Number & Site ID. _____

6. Does the applicant own the premises to be licensed or have possession of it under a written agreement such as lease, deed or certification from the landlord or landowner that the premises to be licensed can be used for the sale of alcohol and/or tobacco, nicotine or vapor products at retail?

Yes No

Please attach legal description of the boundaries of the premises (i.e. drawings, blueprints, a deed, or metes and bounds, etc.) as well as a copy of written agreement showing the applicant's ownership or possession.

7. DBA Name: _____

8. Address of Premises: Physical Address: _____

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

9. Company Ownership Details. For each owner, please provide the following details:
(If publicly traded, please list officer(s) position. Please use additional paper if needed)

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Has the individual 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

Has the individual been convicted of a misdemeanor directly or indirectly related to a controlled substance within the past two (2) years? Yes No

Has there been a revocation of any Kentucky tobacco, nicotine or vapor product license held by the individual listed above in the last two (2) years preceding this application? Yes No

Has the individual been convicted of knowingly providing false information to the department preceding the application? Yes No

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Has the individual 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

Has the individual been convicted of a misdemeanor directly or indirectly related to a controlled substance within the past two (2) years? Yes No

Has there been a revocation of any Kentucky tobacco, nicotine or vapor product license held by the individual listed above in the last two (2) years preceding this application? Yes No

Has the individual been convicted of knowingly providing false information to the department preceding the application? Yes No

Parent/Holding Company (if applicable). Circle type of holding company below.

Individual Company Trust Officer

Is the Company registered in Kentucky? Yes No

Company Name	% of ownership

Parent/Holding Company Mailing Address:

Street Address: _____ City: _____ State: _____

Zip Code: _____ County: _____

Has there been a revocation of any Kentucky Tobacco, Nicotine or Vapor product license held by the company listed above in the last two years? Yes No

10. License Type and Fees:

License Type:	License Details:	Fee:
Temporary Tobacco, Nicotine or Vapor Product License	This license allows a business to purchase tobacco, nicotine or vapor products from distributors and sell them to consumers 21 years of age or older at Fairs, Festivals and other similar events for up to 30 days.	\$50 Licensure Fee

11. Name of Event:

a Event Start Date: _____

b Event End Date: _____

c Attach a Flyer of Event or Complete Description of Event:

12. Event Information:

d Address: _____

13. Event Contact Details:

e Name: _____

f Phone: _____

g Email: _____

Affirmation

I do hereby swear or affirm, under penalty of perjury, that I am authorized to submit this application on behalf of the named applicant and all the information and statements contained therein and any attachments are true and correct to the best of my knowledge, information and belief. I hereby swear or affirm that if the license is issued, the applicant shall abide by all state and local statutes, regulations and ordinances relating to manufacture, sale, use and trafficking in tobacco, nicotine or vapor products.

Signature: _____

Date: _____



PUBLIC PROTECTION
CABINET
Department of Alcoholic Beverage Control

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
500 Mero St. 2NW WK#21
Frankfort, KY 40601
ABC.ky.gov

LICENSE RENEWAL APPLICATION

Mailing Address:
Sample BBQ
123 East Main St.
Frankfort, KY 40601

Licensee Name: **Sample LLC**

Premises Address & Site ID #: 123
Sample BBQ
456 East Main St.
Frankfort, KY 40601

If the licensee has no holds or modifications, you can renew online through the Kentucky Belle External Portal system at <https://abcportal.ky.gov/BELLEExternal>. Detailed instructions for associating your account with your ABC license can be found at abc.ky.gov under "Licensing." You will need the Site ID and license number.

Section 1. Renewal Fees

Title of License	License Number	Current License Expires	Site ID	Annual Renewal Fee (1 Year)
Tobacco, Nicotine or Vapor Product License	024-TNVPL-1234	1/01/2027	123	\$500
Tobacco, Nicotine or Vapor Product License				\$500
Total Amount Enclosed				\$ _____

Note: A 2.75% convenience fee added to the total for credit card payments or a \$0.35 convenience fee added to the total for EFT/ACH payments.

Section 2: Holds – Delays

- No Holds

Continue to next page.

Section 3. Requirements

Does the applicant still have a valid deed, lease, permit, management agreement or land contract for the licensed premises?

Yes

No

Has there been any changes which would require a new application, or has anyone who has interest in the license(s) been convicted of a Misdemeanor directly or indirectly related to alcohol beverages or controlled substances, or any Felony since this license was obtained?

Yes

No

Has there been any change in the ownership structure of the business?

Yes

No

Has there been any change in the business premises address?

Yes

No

Please Note: If, after a license has been issued, and there is a change in any of the facts required to be set forth in the application, a verified supplemental statement in writing giving notice of the change shall be filed with the department within ten (10) days after the change.

Section 4. Instructions

TO AVOID LOSING YOUR RIGHT TO SELL TOBACCO, NICOTINE OR VAPOR PRODUCTS, PLEASE RETURN YOUR RENEWAL WITH PAYMENT BY DECEMBER 15TH FOR PROCESSING.

- Complete the entire form, sign and date on Section 5.
- Return renewal form, all documents and payment immediately.
- **DO NOT SEND CASH!** Payment Authorization Form, Check or Money Order to be made payable to: **Kentucky State Treasurer.**

Section 5. Signature and Contact Information

Please Print Name of Licensee: _____

Day Phone: _____ Email Address: _____

Signature of Licensee: _____ Date Signed: _____



PUBLIC PROTECTION
CABINET

Department of Alcoholic Beverage Control

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
500 Mero St. 2NW WK#21
Frankfort, KY 40601
ABC.ky.gov

TOBACCO, NICOTINE OR VAPOR PRODUCT LICENSE BATCH APPLICATION

1. Company Name: _____ SSN/FEIN: _____

2. Contact Person: First Name: _____ Last Name: _____

3. Contact Phone: _____ Email Address: _____

4. Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity?

Yes No

If yes, attach a copy of the applicant's Certificate of Existence or Certificate of Authority to do business in Kentucky.

If no, is the applicant a Sole Proprietor?

Yes No

5. Does the applicant currently hold an active license, "In review" application, or has the applicant been licensed with KY ABC previously?

Yes No

If yes, please provide License Number & Site ID. _____

6. Does the applicant own the premises to be licensed or have possession of it under a written agreement such as lease, deed or certification from the landlord or landowner that the premises to be licensed can be used for the sale of alcohol and/or tobacco, nicotine or vapor products at retail?

Yes No

Please attach legal description of the boundaries of the premises (i.e. drawings, blueprints, a deed, or metes and bounds, etc.) as well as a copy of written agreement showing the applicant's ownership or possession.

7. DBA Name: _____

8. Address of Primary Site #1 to be Licensed:

Physical Address: _____

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

9. Site #1 Contact Details:

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Email: _____

10. Is the company the real estate owner? Yes No

11. Are you interested in applying for a tobacco, nicotine & vapor product license for multiple locations?

Yes No

If yes, please identify each location below. Attach additional sheets if needed.

Site #2 Contact Details:

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Email: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Site #3 Contact Details:

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Email: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Site #4 Contact Details:

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Email: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Site #5 Contact Details:

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Email: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

12. Company Ownership Details for each owner, please provide the following details:

If publicly traded, please list officer(s) and their position(s). Please use additional paper if needed.

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Does the individual have or has the individual had any interest in any alcoholic beverage business or the premises of any alcohol beverage other than that for which you are herein applying? Yes No

Has the individual 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

Has the individual been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? Yes No

Has there ever been a suspension, denial, or revocation of any Kentucky alcoholic beverage license held by the individual listed above? Yes No

Are there any pending proceedings against the individual or related licensee for a violation of any statute or regulation which may result in the suspension or revocation of license(s)? Yes No

Name & Home Address	Phone Number(s)	SS#	Title/Position	Citizenship	Age	% of ownership

Does the individual have or has the individual had any interest in any alcoholic beverage business or the premises of any alcohol beverage other than that for which you are herein applying? Yes No

Has the individual 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

Has the individual been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? Yes No

Has there ever been a suspension, denial, or revocation of any Kentucky alcoholic beverage license held by the individual listed above? Yes No

Are there any pending proceedings against the individual or related licensee for a violation of any statute or regulation which may result in the suspension or revocation of license(s)? Yes No

Parent/Holding Company (if applicable). Circle type of holding company below.

Individual Company Trust Officer

Is the Company registered in Kentucky? Yes No

Company Name	% of ownership

Mailing Address:

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Does the company have or has the company had any interest in any alcoholic beverage business or the premises of any alcoholic beverage other than that for which you are herein applying? Yes No

Has there ever been a suspension, denial, or revocation of any Kentucky alcoholic beverage license held by the company listed above? Yes No

Are there any pending proceedings against the company or related licensee for a violation of any statute or regulation which may result in the suspension or revocation of license(s)? Yes No

13. Are you a Special Agent or Solicitor? (Sales Representative for distiller, Rectifier, Winery or Wholesaler) Yes No

Agent/Solicitor

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Email: _____ SSN/FEIN: _____

Mailing Address:

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

14. Are you applying for any of the following licenses below? Fill out sections below for all that are checked yes.

Transporter Yes No

Supplier Yes No

Manufacturer Yes No

NEW TRANSPORTER

Company Legal Name: _____ FEIN: _____

DOT Carrier Number: _____

Mailing Address:

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Company Contact

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Email: _____

NEW OUT-OF-STATE SUPPLIER/OUT OF STATE MANUFACTURER

Company Legal Name: _____ FEIN: _____

Mailing Address

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Company Contact

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Email: _____

15. Please select the type of retail license you are applying for. Circle the one that applies.

Alcohol Tobacco Alcohol & Tobacco

16. Is the site to be licensed located in Kentucky? Yes No

17. Has the applicant or any person listed above ever been licensed to produce, sell or otherwise traffic in alcoholic beverages? Yes No

18. Will tobacco products, alternative nicotine products or vapor products be sold at the premises to be licensed? Yes No

19. Are you purchasing or have you purchased this business? Yes No

20. Will gasoline or lubricating oil be sold or will motor vehicles be serviced or repaired at the premises to be licensed? Yes No

21. License Type and Fees:

<input type="checkbox"/>	Product Type	Product Details	Half Year Fee	1-Year Fee	2-Year Fee	Transition Fee
	Air Transporter License	Allows the transport of alcohol by air.	\$260	\$520	N/A	N/A
	Authorized Public Consumption License	Allows production, possession, and use of alcohol in fuel ethanol manufacturing.	\$125		N/A	N/A
	Bottling House or Bottling House Storage License	Allows bottling and storage of liquor at the licensed premises.	\$515	\$1,030	N/A	N/A
	Brewer's License	For businesses brewing beer or cider under 7.0% ABV producing at least 50,000 barrels annually.	\$1,290	\$2,580	N/A	N/A
	Caterer's License	Allows catering businesses to sell or serve alcohol with food at events.	\$415	\$830	N/A	N/A
	Direct Shipper Type A License	Allows transport of alcohol by in-state/out-of-state producers.		\$100	N/A	N/A
	Direct Shipper Type B License	Allows transport of cannabis-infused beverages by producers.		\$1,000	N/A	N/A
	Distilled Spirits and Wine Storage License	Allows storage of liquor and wine.	\$310	\$620	N/A	N/A

<input type="checkbox"/>	Product Type	Product Details	Half Year Fee	1-Year Fee	2-Year Fee	Transition Fee
	Distiller's License – Class A	For businesses distilling at least 50,000 gallons annually.	\$1,545	\$3,090	\$6,180	N/A
	Distiller's License – Class B	For businesses distilling less than 50,000 gallons annually.	\$500	\$1,000	\$2,000	N/A
	Distributor's License	Allows purchase of beer from breweries and sale to retailers.	\$260	\$520	\$1,040	N/A
	In-State Distilled Spirits Supplier's License	For in-state suppliers shipping more than 50,000 gallons annually.	\$775	\$1,550	\$3,100	N/A
	Limited Golf Course License	Allows sale of beer, wine, and liquor by the drink at a golf course.	\$360	\$720		N/A
	Limited In-State Distilled Spirits Supplier's License	For in-state suppliers shipping less than 50,000 gallons annually.	\$130	\$260	\$520	N/A
	Limited Out-of-State Distilled Spirits and Wine Supplier's License	For out-of-state suppliers shipping less than 50,000 gallons annually.	\$130	\$260	\$520	N/A
	Limited Out-of-State Malt Beverage Supplier's License	For out-of-state suppliers shipping less than 25,000 barrels annually.	\$130	\$260	\$520	N/A
	Limited Restaurant License LR100	This license is for restaurants with a minimum of 70% food sales and a minimum seating capacity of 100 people at tables. It allows you to sell beer, wine, and liquor by the drink to your customers.	\$390	\$780		N/A
	Limited Restaurant License LR50	This license is for restaurants with a minimum of 70% food sales and a minimum seating capacity of 50 people at tables. It allows you to sell beer, wine, and liquor by the drink to your customers. Food must be served with alcohol purchases	\$390	\$780	N/A	N/A
	Malt Beverage Storage License	Allows storage of malt beverages.	\$130	\$260	N/A	N/A
	Microbrewery License	For businesses brewing less than 50,000 barrels annually.	\$260	\$520	\$1,040	N/A
	NQ Retail Malt Beverage Package License	Allows sale of beer in packages for off-premises consumption.	\$105	\$210	N/A	N/A
	NQ1 Retail Drink License	Allows alcohol sales on airplanes, railways, racetracks, etc.	\$2,060	\$4,120	N/A	N/A
	NQ2 Retail Drink License	Allows alcohol sales at airports, hotels, restaurants, etc.	\$415	\$830	N/A	N/A
	NQ3 Retail Drink License	Allows alcohol sales at B&Bs, dining cars, or private clubs.	\$155	\$310	N/A	N/A
	NQ4 Retail Malt Beverage Drink License	Allows sale of beer by the drink at establishments.	\$105	\$210	N/A	N/A

<input type="checkbox"/>	Product Type	Product Details	Half Year Fee	1-Year Fee	2-Year Fee	Transition Fee
	Off-Premises Retail Sales Outlet License	Allows sale of souvenir and complimentary distilled spirits and wine packages.	\$150	\$300	N/A	N/A
	Out-of-State Distilled Spirits and Wine Supplier's License	For out-of-state suppliers shipping more than 50,000 gallons annually.	\$775	\$1,550	\$3,100	N/A
	Out-of-State Malt Beverage Supplier's License	For out-of-state suppliers shipping more than 25,000 barrels annually.	\$775	\$1,550	\$3,100	N/A
	Qualified Historic Site License	Allows alcohol sales at qualifying historic sites.	\$515	\$1,030	N/A	N/A
	Quota Retail Drink License	Allows sale of wine and liquor by the drink.	\$310	\$620	N/A	N/A
	Quota Retail Package License	Allows sale of wine and liquor in packages for off-premises use.	\$285	\$570	N/A	N/A
	Rectifier's License – Class A	For businesses rectifying at least 50,000 gallons annually.	\$1,290	\$2,580	\$5,160	N/A
	Rectifier's License – Class B	For businesses rectifying less than 50,000 gallons annually.	\$412	\$825	\$1,650	N/A
	Small Farm Winery License	For businesses producing 250–100,000 gallons of wine annually.	\$55	\$110	\$220	N/A
	Small Farm Winery Off-Premises Retail License	Allows wineries to sell products at separate retail locations.	\$15	\$30	N/A	N/A
	Small Farm Winery Wholesaler's License	Allows purchase and resale of small farm winery products.	\$55	\$110	\$220	N/A
	Special Non-beverage Alcohol License	Authorizes purchase of alcohol for non-beverage purposes.	\$30	\$60		N/A
	Tobacco, Nicotine or Vapor Product License	This license allows a business to purchase tobacco, nicotine or vapor products from distributors and sell them at retail to consumers 21 years of age or older.	N/A	\$500	N/A	N/A
	Transitional Distilled Spirits and Wine License	Allows temporary operation during ownership transition (up to 90 days).	N/A	N/A	N/A	\$60
	Transitional Malt Beverage License	Allows temporary beer operations during ownership transition.	N/A	N/A	N/A	\$60
	Transporter's License	Allows transport of alcohol by truck, rail, etc.	\$105	\$210	N/A	N/A

Entertainment Center Destination License: (Note, you can only select one qualifier)

<input type="checkbox"/>	Product Type	Product Details	Qualifier	Half Year Fee	1-Year Fee	2-Year Fee
	Entertainment Destination Center License - Local Government	This license is for government operated Entertainment Destination Centers, which are major areas of tourism or economic activity, like downtown areas or Main Street. This license allows the intermingling of alcohol between the businesses in the area with proper licensure.	Local Government	\$1,288	\$2,577	N/A
	Entertainment Destination Center License - All Others	This license is for Entertainment Destination Centers, which are major areas of tourism or economic activity, like malls, downtowns, or food and drink districts. This license allows the intermingling of alcohol between the businesses in the area with proper licensure.	All Others	\$3,865	\$7,730	N/A

Limited Restaurant License: (Note, you can only select one qualifier)

<input type="checkbox"/>	Product Type	Product Details	Qualifier	Half Year Fee	1-Year Fee	2-Year Fee
	Supplemental Bar License	This is an add-on license that allows you to sell wine and spirits from an additional bar at your establishment.		Price Varies based on qualifier license fee	Price Varies based on qualifier license fee	N/A

Sampling License: (Note, you can only select one qualifier)

<input type="checkbox"/>	Product Type	Product Details	Qualifier	Half Year Fee	Full Year Fee	2-Year Fee
	Sampling License	This is an add-on license that allows you to give and/or sell samples of wine and liquor to your customer		\$55	\$110	N/A

Hotel In – Room License: (Note, you can only select Add Ons based on your Primary License Selection)

<input type="checkbox"/>	Product Type	Product Details	Qualifier	Half Year Fee	Full Year Fee	2-Year Fee
	Hotel In-Room License	This is an add-on license that allows you to sell from a mini bar in hotel rooms		\$105	\$210	N/A

Spec. Sunday Retail Drink License: (Note, you can only select Add Ons based on your Primary License Selection)

<input type="checkbox"/>	Product Type	Product Details	Qualifier	Half Year Fee	Full Year Fee	2-Year Fee
	Special Sunday Retail Drink License	This is an add-on license that allows you to sell wine and liquor on Sundays.		\$260	\$520	N/A

Lim. Non-Quota Package License: (Note, you can only select Add Ons based on your Primary License Selection)

<input type="checkbox"/>	Product Type	Product Details	Qualifier	Half Year Fee	Full Year Fee	2-Year Fee
	Limited Non-Quota Package License	This license is an Add on license to buy and sell private selection Distilled Spirits and Wine and Vintage Distilled Spirits Packages		\$150	\$300	N/A

Ext. Hours Supplemental License: (Note, you can only select Add Ons based on your Primary License Selection)

<input type="checkbox"/>	Product Type	Product Details	Qualifier	Half Year Fee	Full Year Fee	2-Year Fee
	Extended Hours Supplemental License	This is an add-on license that allows you to sell for extended hours in the evening		\$1,030	\$2,060	N/A

Affirmation

I do hereby swear or affirm, under penalty of perjury, that I am authorized to submit this application on behalf of the named applicant and all the information and statements contained therein and any attachments are true and correct to the best of my knowledge, information and belief. I hereby swear or affirm that if the license is issued, the applicant shall abide by all state and local statutes, regulations and ordinances relating to manufacture, sale, use and trafficking in tobacco, nicotine or vapor products.

Signature: _____

Date: _____

Batch License Renewal
Revised May 2026



Applicants must
complete all sections
of this renewal form.

PUBLIC PROTECTION
CABINET
Department of Alcoholic Beverage Control

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
500 Mero St. 2NW WK#21
Frankfort, KY 40601
ABC.ky.gov

BATCH LICENSE RENEWAL APPLICATION

Mailing Address:
Sample BBQ
123 East Main St.
Frankfort, KY 40601

Licensee Name: **Sample LLC**

Premises Address & Site ID #: 123
Sample BBQ
456 East Main St.
Frankfort, KY 40601

If the licensee has no holds or modifications, you can renew online through the Kentucky Belle External Portal system at <https://abcportal.ky.gov/BELLEExternal>. Detailed instructions for associating your account with your ABC license can be found at abc.ky.gov under "Licensing." You will need the Site ID and license number.

Section 1. Renewal Fees

Title of License	License Number	Current License Expires	Site ID	Annual Renewal Fee (1 Year)
Tobacco, Nicotine or Vapor Product License	024-TNVPL-1234	1/01/2027	123	\$500
Tobacco, Nicotine or Vapor Product License				\$500
Total Amount Enclosed				\$ _____

Note: A 2.75% convenience fee added to the total for credit card payments or a \$0.35 convenience fee added to the total for EFT/ACH payments.

Section 2: Holds – Delays

- No Holds

Continue to next page.

Section 3. Requirements

Does the applicant still have a valid deed, lease, permit, management agreement or land contract for the licensed premises?

Yes

No

Has there been any changes which would require a new application, or has anyone who has interest in the license(s) been convicted of a Misdemeanor directly or indirectly related to alcohol beverages or controlled substances, or any Felony since this license was obtained?

Yes

No

Has there been any change in the ownership structure of the business?

Yes

No

Has there been any change in the business premises address?

Yes

No

Please Note: If, after a license has been issued, and there is a change in any of the facts required to be set forth in the application, a verified supplemental statement in writing giving notice of the change shall be filed with the department within ten (10) days after the change.

Section 4. Instructions

TO AVOID LOSING YOUR RIGHT TO SELL TOBACCO, NICOTINE OR VAPOR PRODUCTS, PLEASE RETURN YOUR RENEWAL WITH PAYMENT BY THE DECEMBER 15 FOR PROCESSING.

- Complete the entire form, sign and date on Section 5.
- Return renewal form, all documents and payment immediately.
- **DO NOT SEND CASH!** Payment Authorization Form, Check or Money Order to be made payable to: **Kentucky State Treasurer.**

Section 5. Signature and Contact Information

Please Print Name of Licensee: _____

Day Phone: _____ Email Address: _____

Signature of Licensee: _____ Date Signed: _____