



ALCOHOLIC BEVERAGE CONTROL
COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
500 Mero Street 2NE33
Frankfort, KY 40601
502-564-4850 phone
502-564-1442 fax
<http://abc.ky.gov>

Date received

AOR NO.: _____
FOR ABC USE ONLY

ADVISORY OPINION REQUEST FORM

Attach additional pages as necessary and any documentation, research, or other evidence that you request the Department to consider.

Name of Requestor (individual or business entity): _____

Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Phone Number: _____

Email: _____

The above individual or business entity requests an: Advisory opinion Reconsideration request

If this is a reconsideration request or comment, the application Advisory opinion number: _____

Question or issue to be addressed: _____

Applicable statutes, regulations, ordinances, or other authority: _____

Proposed response, comment, or basis for reconsideration request: _____

To your knowledge, is the question for which you request an advisory opinion or reconsideration pending before, under investigation by, or recently decided by a court or government entity? Yes No

If yes, please identify the court or government agency, any case or proceeding number, and filing dates of the proceeding or investigation _____

Signature of Requestor or Requestor's Agent _____ Date _____

Signer's Name and title if requestor is a business entity _____ Date _____