

ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM

City of Flemingsburg, Kentucky

140 W. Electric Avenue

Flemingsburg, Kentucky 41041

Phone: 606-845-5951 Fax: 606-845-0712

Website: www.flemingsburgky.org

Applicant,

In order to assist you with the application process, we have created this package that includes all the required documents you will need to complete the City ABC Application process. There is a \$50 application fee due at the time the City application is submitted. The application fee will be credited toward the cost of the license(s). The State ABC Application must be completed online. You can find the State Application at www.abc.ky.gov. Below you will find a checklist to ensure that all the required steps and forms are completed.

Checklist of items to be completed before applying:

1. Have you completed you state application online?
2. Have you signed your application?
3. Have you included your application fee? (Fee based on month application is submitted)
4. Have you included your signed Verification of Food Service Compliance Form? (if applicable)
5. Have you included your signed Fire Code Compliance Form? (if applicable)
6. Have you included your signed Building Code Compliance Form? (if applicable)
7. Have you included your signed Zoning Compliance Form? (if applicable)
8. Have you completed a criminal background check? (if applicable)
9. Have you obtained a City Business Licensee?
10. Have you received City Occupational License Information (available online)
11. Have you received (if requested) a copy of City ABC Ordinance (available online)
12. Have you attached copy of newspaper advertisement of a "Notice of Intent to apply for a license" (KRS 243.360)
13. Have you completed Quota Package Application Questionnaire (if applicable)

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 140 W. Electric Avenue
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 Phone: 606-845-5951 Fax: 606-845-0712
 Website: www.flemingsburgky.org

FOR ADMINISTRATOR ONLY

License # _____ \$ _____

License type _____

Date received _____

Administrator's Approval _____

Date License Issued _____

SECTION A:

Business/company name: _____

DBA (Doing Business As): _____

Address of premises to be licensed: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mailing address (if different from above): _____

Contact person: _____ Contact phone: _____

SECTION B:

Complete the following for the business proprietor, partners and all other person 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 a non-profit, list the highest ranking director or officer. Attach additional pages if needed.

Name/Home Address	Phone H-home C-Cell W-Work	Last 4 Digits of SSN	Title	US Citizen Yes/No	Date of Birth	States person has resided in past 5 years	% of ownership
	H _____ C _____ W _____						
	H _____ C _____ W _____						
	H _____ C _____ W _____						

1. Is applicant a Kentucky resident? YES NO
2. Is applicant a resident of Fleming County? YES NO
If yes, date residency established _____
3. Does applicant or any person listed in Section B have any interest in any alcoholic beverage license in Kentucky? YES NO
If yes, list license types and locations _____
4. Has there ever been a suspension, denial, or revocation of any Kentucky Alcoholic Beverage License held by the applicant or anyone listed in Section B? YES NO
If yes, list Kentucky License Numbers and explanation _____
3. Has the applicant or any person listed 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? If so, you must complete a criminal background check. If yes, please explain _____ YES NO
5. Has the applicant or any person listed in Section B been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? If so, you must complete a criminal background check. If yes, please explain _____ YES NO
6. Does the applicant have ownership of the premises by lease, permit or land contract for the entire license period? YES NO
Attach copy of lease, permit or contract to application.

Section C:

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.

Malt Beverage	License Fees Full Year (May-Oct)	License Fees Half Year (Nov-April)
<input type="checkbox"/> NON QUOTA RETAIL MALT BEVERAGE PACKAGE LICENSE	200.00	100.00
<input type="checkbox"/> NON QUOTA-4 RETAIL MALT BEVERAGE DRINK LICENSE	200.00	100.00
<i>If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Malt Beverage Drink License, The total license fee for a full year for both is \$250.00 \$200.00 for a primary NQ Malt Beverage License and \$50.00 discounted fee to add secondary NQ Malt Beverage license – KRS 243.070(18)</i>	<i>50.00</i>	<i>25.00</i>
<input type="checkbox"/> MICRO BREWERY LICENSE	500.00	250.00
<input type="checkbox"/> BREWER'S LICENSE	500.00	250.00
<input type="checkbox"/> MALT BEVERAGE DISTRIBUTOR'S LICENSE	400.00	200.00

Distilled Spirits & Wine

<input type="checkbox"/> QUOTA RETAIL PACKAGE LICENSE	1000.00	500.00
<input type="checkbox"/> QUOTA RETAIL DRINK LICENSE (BAR)	1000.00	500.00
<input type="checkbox"/> NON QUOTA TYPE 1 RETAIL DRINK LICENSE (CONVENTION CENTER)	2000.00	1000.00
<input type="checkbox"/> NON QUOTA TYPE 2 RETAIL DRINK LICENSE (RESTAURANTS)	1000.00	500.00
<input type="checkbox"/> NON QUOTA TYPE 3 (SPECIAL PRIVATE CLUB)	300.00	150.00
<input type="checkbox"/> SPECIAL SUNDAY RETAIL DRINK	300.00	150.00
<input type="checkbox"/> DISTILLER'S LICENSE	500.00	250.00

<input type="checkbox"/> RECTIFIER'S LICENSE	3000.00	1500.00
<input type="checkbox"/> WHOLESALER'S DISTILLED SPIRITS AND WINE LICENSE	3000.00	1500.00
<input type="checkbox"/> QUALIFIED HISTORIC SITE	1030.00	515.00
<input type="checkbox"/> BOTTLING HOUSE OR BOTTLING HOUSE STORAGE	1000.00	500.00
<input type="checkbox"/> LIMITED RESTAURANT (liquor/wine/beer)	1200.00	600.00
<input type="checkbox"/> LIMITED GOLF COURSE (liquor/wine/beer)	1200.00	600.00
<input type="checkbox"/> CATERERS LICENSE	800.00	400.00
<input type="checkbox"/> SPECIAL TEMPORARY LICENSE, (PER EVENT)	166.66	
<input type="checkbox"/> DISTILLED SPIRITS AND WINE TEMPORARY AUCTION LICENSE (PER EVENT)	100.00	
<input type="checkbox"/> SUPPLEMENTAL BAR LICENSES - Fees are for the first five		
<input type="checkbox"/> Quota Retail Drink	1000.00	500.00
<input type="checkbox"/> NQ-2 Retail Drink	1000.00	500.00
<input type="checkbox"/> Limited Restaurant	1200.00	600.00
<input type="checkbox"/> Limited Golf Course	1200.00	600.00
<input type="checkbox"/> NQ-3 Retail Drink	300.00	150.00

****If applying for a Quota Retail Package License, please complete an Application Questionnaire and attach to application.***

No license to sell alcoholic or malt beverages shall be granted or renewed to any person who is delinquent in the payment of any taxes or fees due to the City at the time of issuing the license, nor shall any license be granted or renewed to sell upon any premises or property, owned and occupied by the licensee upon which there are any delinquent taxes or fees due the City. Further, if a licensee becomes delinquent in the payment of any taxes or any fees due the City at any time during the license period, the license to sell alcoholic or malt beverages shall be subject to revocation or suspension.

Initial here: _____

SECTION D:

Affidavit

I, _____ do hereby solemnly swear or affirm that I am aware that my State application is incorporated, made a part of this application, and that the answers contained are true and correct to the best of my knowledge, information and belief. I confirm that I have received a copy of the current Alcoholic Beverage Control Ordinance of the City of Flemingsburg, Kentucky, and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/hers investigators for: (a) inspections and searches of the licensed premises listed above; (b) confiscation of articles found on said licensed premises in violation of any Ordinance or Statute; and (c) emergency temporary closure of the licensed premises if the public health, safety, morals and welfare is threatened by multiple violations of any Ordinance or Statute involving disturbance of the peace or public disorder during the course of one day's operation of the licensed premises.

Date of Application: _____

Signature of Applicant: _____

Title: _____

COMMONWEALTH OF KENTUCKY
STATE AT LARGE
COUNTY OF _____

This is to certify that the foregoing document was subscribed and sworn to before me this _____ day _____ of , 20__.

NOTARY PUBLIC

My Commission Expires: _____

Approved: _____
Alcoholic Beverage Control Administrator

Date

FOR NEW OR REMODELED BUSINESSES
VERIFICATION OF FOOD SERVICE COMPLIANCE
Related to
City of Flemingsburg, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant's business/company name: _____
D/B/A: _____
Business Address: _____
Mailing Address: _____
Phone No.: (____) _____ Cell Phone No.: (____) _____
Email address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the Fleming County Health Department only. Contact them at 194 Windsor Drive, Flemingsburg, KY (606) 845-6511 before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above have obtained all necessary food service permits in order to comply with the Kentucky Food Service Code. Please note the following conditions, if any:

*Establishment will be required to comply with applicable Kentucky Food Service Establishment Act and State Retail Food code requirements prior to commencing operation.

Signed this _____ day of _____, 20 _____.

Fleming County Health Department Representative

FOR NEW OR REMODELED BUSINESSES
VERIFICATION OF FIRE CODE COMPLIANCE
Related to
City of Flemingsburg, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant's business/company name: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

Phone No.: (____) _____ Cell Phone No.: (____) _____

Email address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the State Fire Marshall. Contact
Cynthia Tackett: Cynthia.Tackett@ky.gov Administrative Specialist III - General Inspection
502-573-0388, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above meets the current state Fire and Life Safety Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Flemingsburg, Kentucky. Please note the following conditions, if any:

Seating Requirement if applicable _____

Signed this _____ day of _____, 20 _____.

State Fire Marshall Representative

FOR NEW OR REMODELED BUSINESSES
VERIFICATION OF BUILDING CODE COMPLIANCE
Related to
City of Flemingsburg, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant's business/company name: _____
D/B/A: _____
Business Address: _____
Mailing Address: _____
Phone No.: (____) _____ Cell Phone No.: (____) _____
Email address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the City Building Inspector only.
Contact Flemingsburg City Hall, 140 W. Electric Ave., Flemingsburg, KY,
606-845-5951 before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above meets all applicable Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Flemingsburg, Kentucky. Please note the following conditions, if any:

Signed this _____ day of _____, 20 _____.

Building Inspector

FOR NEW OR REMODELED BUSINESSES
VERIFICATION OF ZONING COMPLIANCE
Related to
City of Flemingsburg, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant's business/company name: _____

D/B/A: _____

Business Address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the City Zoning Administrator only. Contact Flemingsburg City Hall at 140 W. Electric Ave., Flemingsburg, KY (606) 845-5951 before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above meets Zoning Ordinance in order to comply with the Alcoholic Beverage Control Ordinance of the City of Flemingsburg, Kentucky.

Property Zoning: _____

Conditions, if any: _____

Signed this _____ day of _____, 20 _____.

Flemingsburg City Zoning Administrator