

**ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM**  
**Fleming County, Kentucky**  
**140 W. Electric Avenue**  
**Flemingsburg, Kentucky 41041**  
**Phone: 606-845-5951 Fax: 606-845-0712**  
**Website: [www.flemingsburgky.org](http://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 County ABC Application process. There is a \$50 application fee due at the time you submit your county application. 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](http://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 your 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 completed a criminal background check? (if applicable)
8. Have you received (if requested) a copy of County ABC Ordinance (available online)
9. Have you attached copy of newspaper advertisement of a "Notice of Intent to apply for a license" (KRS 243.360)
10. Have you completed Quota Package Application Questionnaire (if applicable)

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*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 yes, 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 yes, 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.

<b>Malt Beverage</b>	<b>License Fees Full Year(May-Oct)</b>	<b>License Fees Half Year (Nov-April)</b>
<input type="checkbox"/> NON QUOTA RETAIL MALT BEVERAGE PACKAGE LICENSE	400.00	200.00
<input type="checkbox"/> NON QUOTA-4 RETAIL MALT BEVERAGE DRINK LICENSE	400.00	200.00
<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 \$450.00 \$400.00 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>
<b>Distilled Spirits &amp; Wine</b>		
<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 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"/> QUALIFIED HISTORIC SITE	1030.00	515.00
<input type="checkbox"/> LIMITED RESTAURANT (liquor/wine/beer)	1400.00	700.00
<input type="checkbox"/> LIMITED GOLF COURSE (liquor/wine/beer)	1400.00	700.00
<input type="checkbox"/> SPECIAL TEMPORARY LICENSE, (PER EVENT)		166.66
<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	1400.00	700.00
<input type="checkbox"/> Limited Golf Course	1400.00	700.00
<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 County 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 County. Further, if a licensee becomes delinquent in the payment of any taxes or any fees due the County 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 Fleming County, 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  
Fleming County, 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  
Fleming County, 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](mailto: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 Fleming County, 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  
Fleming County, 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 Fleming County, Kentucky. Please note the following conditions, if any:

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Building Inspector