

CITY OF
WILLIAMSTOWN

400 North Main Street, P. O. Box 147
Williamstown, KY 41097

Phone: 859-824-6351
Fax: 859-824-6320

www.wtownky.org

**City of
Williamstown
Alcoholic
Beverage Control
Application
Package v1
Rev 03/10/16**

Rick Skinner, Mayor
rskinner@wtownky.org



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Rick Skinner, ABC Administrator (rskinner@wtownky.org)

Instructions for Completing Application for Alcoholic Beverage License

Instructions Checklist Application Required Supporting Documents Procedures

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 procedures that will guide you through the entire local application process, and what to expect from the KY State ABC application process. Below you will find a handy checklist that will ensure that all the required steps on forms are completed.

If any time you have a question, please contact me for assistance.

Rick Skinner, Mayor

Checklist of Items to be completed before applying

- Newspaper advertisement of a "Notice of Intent to Apply for License" (KRS 243.360)
- Completed Criminal Background check
- Completed Basic Application
- Completed and Signed Affidavit Form
- Completed Food Service Compliance Verification Form
- Completed Fire Code Compliance Verification Form
- Completed Williamstown Zoning Compliance Verification Form
- Completed Building Code Compliance Verification Form
- Obtained City Business License
- Received City Occupational License information (available online)
- Received (if requested) a copy of City ABC Ordinance (available online)

City of Williamstown Alcoholic Beverage Control Basic Application Form

City of Williamstown, Kentucky
400 North Main Street, P. O. Box 147
Williamstown, KY 41097

Phone: (859) 824-6351 Fax: (859) 824-6320

Website: www.wtownky.org

Rick Skinner, ABC Administrator, rskinner@wtownky.org

Basic Information:

Name of Applicant: _____

Doing Business As: _____

Premises Address: _____

Mailing Address: _____

Premises Phone: _____ Contact Phone: _____

Contact Fax: _____ E-Mail Address: _____

Licenses Type & Fees:

Check the boxes for the type(s) of license(s) you are applying for. **Attach a certified check, cashier check, or money order made payable to: City of Williamstown.**

***Cash can be accepted when applying in person.**

Total Fee Enclosed: \$

Check the license box you are applying for:

Malt Beverage License Fees

- | | | |
|--------------------------|---|-----------|
| <input type="checkbox"/> | Brewer's License | \$ 500.00 |
| <input type="checkbox"/> | Microbrewery License | \$ 500.00 |
| <input type="checkbox"/> | Malt Beverage Distributor's License | \$ 400.00 |
| <input type="checkbox"/> | Non-Quota Retail Malt Beverage Package License | \$ 200.00 |
| <input type="checkbox"/> | Non-Quota Type 4 Retail Malt Beverage Drink License | \$ 200.00 |
| <input type="checkbox"/> | Malt Beverage Brew-On-Premises | \$ 100.00 |

Distilled Spirits & Wine License Fees

<input type="checkbox"/>	Distiller's License	\$ 500.00
<input type="checkbox"/>	Rectifier's License	\$3,000.00
<input type="checkbox"/>	Wholesaler's Distilled Spirits & Wine License	\$3,000.00
<input type="checkbox"/>	Quota Retail Package License	\$ 800.00
<input type="checkbox"/>	Special Temporary License, Per Event	\$ 25.00
<input type="checkbox"/>	Non-Quota Type 1 Retail Drink License (includes distilled spirits, wine, and malt beverages)	\$2,000.00
<input type="checkbox"/>	Non-Quota Type 2 Retail Drink License (includes distilled spirits, wine, and malt beverages)	\$1,000.00
<input type="checkbox"/>	Non-Quota Type 3 Retail Drink License (includes distilled spirits, wine, and malt beverages)	\$ 300.00
<input type="checkbox"/>	Distilled Spirits and Wine Special Temporary Auction License	\$ 200.00
<input type="checkbox"/>	Special Sunday Retail Drink License	\$ 300.00
<input type="checkbox"/>	Extended Hours Supplement License	\$2,000.00
<input type="checkbox"/>	Caterer's License	\$ 800.00
<input type="checkbox"/>	Bottling House or Bottling House Storage License	\$1,000.00
<input type="checkbox"/>	Limited Restaurant License (includes distilled spirits, wine, and malt beverages)	\$ 800.00
<input type="checkbox"/>	Limited Golf Course License (includes distilled spirits, wine, and malt beverages)	\$ 800.00
<input type="checkbox"/>	The fee for each of the first five (5) supplemental bar licenses shall be the same as the fee for the primary drink license. There shall be no charge for each supplemental license issued in excess of five (5) to the same licensee at the same premises.	\$ _____
<input type="checkbox"/>	The holder of a non-quota retail malt beverage package license may obtain a non-quota type 4 malt beverage drink license for a fee of \$50. The holder of a Non-quota type 4 malt beverage drink license may obtain a non-quota retail malt beverage license for a fee of \$50.	\$ _____
	Total Licenses Above	\$ _____
	Application Fee (NR)	\$ 50.00
	TOTAL AMOUNT	\$ _____

Internal Use Only

Circle One: Check (# _____), Cash, or MO

Date Recvd: _____ Clerk: _____

Affidavit

I _____ do hereby solemnly swear or affirm that I am aware the State Application is incorporated and made 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 Alcoholic Beverage Control Ordinance 2016-02 of the City of Williamstown, Kentucky, and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/her 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 disturbances of the peace or public disorder during the course of one day's operation of the licensed premises.

Date of Application: _____ Signature of Applicant: _____

Applicant's 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

Commission Expires: _____

Approved: _____
Rick Skinner, Alcoholic Beverage Control Administrator

Date: _____

Verification of Food Service Compliance

City of Williamstown Alcoholic Beverage License Application Requirement

Name of Applicant:	
DBA:	
Premises Address:	
Mailing Address:	
Phone Number:	
Cell Phone:	
Email Address:	

List all types of Licenses applying for: _____

The remainder of this form is to be completed by the Northern Kentucky Health Department only. Contact them at 610 Medical Village Drive, Edgewood Ky 41017 (859) 341-4264, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above (has) (has not) obtained all necessary food service permits in order to comply with the Kentucky Food Service Code, with 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,

NKHD Representative

Verification of Fire Code Compliance

City of Williamstown Alcoholic Beverage License Application Requirement

Name of Applicant:	
DBA:	
Premises Address:	
Mailing Address:	
Phone Number:	
Cell Phone:	
Email Address:	

List all types of Licenses applying for: _____

The remainder of this form is to be completed by the City of Williamstown Fire Department only. Contact them at 400 North Main St., Williamstown, KY (859) 824-4959, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above (does) (does not) meet the current city adopted Fire & Life Safety Codes in order to comply with the City of Williamstown's Alcoholic Beverage Control Ordinance, with the following conditions, if any:

Seating Requirement (if applicable): _____

Signed this _____ day of _____ 20,

City of Williamstown Fire Department Representative

Verification of Building Code Compliance

City of Williamstown Alcoholic Beverage License Application Requirement

Name of Applicant:	
DBA:	
Premises Address:	
Mailing Address:	
Phone Number:	
Cell Phone:	
Email Address:	

List all types of Licenses applying for: _____

The remainder of this form is to be completed by the City/ County Building Inspector only. Contact them at Grant County Courthouse, 101 North Main St., Williamstown, KY 41097 (859) 824-9608, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed:

This is to certify that the premises listed above (does) (does not) meet all applicable Building Codes in order to comply with the City of Williamstown's Alcoholic Beverage Control Ordinance, with the following conditions, if any:

Signed this _____ day of _____ 20,

Building Inspector

Verification of Zoning Compliance

City of Williamstown Alcoholic Beverage License Application Requirement

Name of Applicant:	
DBA:	
Premises Address:	
Mailing Address:	
Phone Number:	
Cell Phone:	
Email Address:	

List all types of Licenses applying for: _____

The remainder of this form is to be completed by the City Zoning Administrator only. Contact Laura McClanahan at 400 North Main Street, Williamstown, KY (859) 824-6351, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed:

This is to certify that the premises listed above (does) (does not) meet all applicable zoning requirements in order to comply with the City of Williamstown Alcoholic Beverage Control Ordinance, with the following conditions, if any:

Signed this _____ day of _____ 20,

Laura McClanahan
Williamstown Zoning Administrator