



ABC ADMINISTRATOR'S OFFICE
ALCOHOLIC BEVERAGE CONTROL ORDINANCE
ACKNOWLEDGEMENT FORM

I certify that I have received a copy of the *City of Stanford, Kentucky, Stanford Code of Ordinances, Ordinance Number: 410.2 City of Stanford, Kentucky, Alcoholic Beverage Control Ordinance* located online at stanford.ky.gov, and have read and fully understand the contents. I have had an opportunity to ask the City of Stanford, Kentucky ABC Administrator any questions that I have about the statutory laws, regulatory control and policing of the legal sale of alcoholic beverages within the city limits of Stanford, Kentucky. I understand that failure to comply with the *Stanford Code of Ordinances, Ordinance Number: 410.2 City of Stanford, Kentucky, Alcoholic Beverage Control Ordinance* may result in disciplinary action up to and including criminal charges, fines, and revocation of license(s).

Applicant's Printed Name

Applicant's Signature

Date

State of Kentucky
County of Lincoln

This record was acknowledged by _____ who personally appeared before me on the ____ day of _____, 20____,

Signature of notarial officer _____ # _____

My commission expires: _____