

City of Stanford Alcoholic Beverage Control



Basic Application Packet

JANUARY, 2021



STANFORD KENTUCKY
ALCOHOLIC BEVERAGE CONTROL DIVISION
305 East Main Street
Stanford, KY 40484-0000
(606) 235-1008 phone
(606) 365-4060 fax
Email: ABC@stanfordky.gov

Instructions for Basic Application

GENERAL REQUIREMENTS

- a. You must be at least 21 years old to apply.
- b. You must be a Kentucky resident for the past year unless a Corporation, LLC, or Ltd. Partnership.
- c. You must be a U.S. citizen unless you apply as a Corporation, LLC, or Ltd. Partnership.
- d. Individuals, owners, partners, officers, directors, and interested parties cannot get a license if convicted of any felony during the past five years or any alcohol or controlled substance related misdemeanor during the past two years.

LOCAL APPROVAL PROCESS

There may be local as well as state requirements and fees. The local ABC administrator's approval of your application must be sent to the state ABC administrator before your license can be processed in Frankfort. Visit <http://abc.ky.gov/> to find the local ABC administrator in your area.

TIME TO PROCESS APPLICATIONS

The state ABC office needs at least 60 days to process an application. Local administrator processing time is in addition to that required by the state application. This timeline is based on when a complete application is received by our office. Please take into consideration the processing time your local ABC Administrator may take to review your application. If your application is withdrawn or your license is not issued, the fee will be refunded if you file a **written request for a refund**. The city ABC office will keep \$50 of your application fee for processing costs. If the license is granted the application fee shall be credited against the initial license fee.

HOW TO APPLY

- STEP 1** Advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation. The newspaper must be in the same area as the premises to be licensed. An officer of the newspaper must complete the affidavit of publication. It is a form included with the application. Attach the completed affidavit of publication form and the newspaper clipping to your application.
An advertisement is not needed if applying for a Transporter's, Air Transporter, Special Nonbeverage Alcohol, Malt Beverage Storage, Distilled Spirits/Wine Storage, or Bottling House Storage license.
- STEP 2** In Section (C), list all owners of a privately-owned Sole Proprietor, Partnership, Corporation, Limited Liability Partnership, Limited Liability Company (LLC), etc. Name the trustee if the company is owned in whole or part by a trust, and give the names and ownership percentages of the three highest officers of any entity that owns the Corporation or LLC in whole or part. Interlocking interests of license holders are prohibited by 804 KAR 4:015.
- STEP 3** Applicants must attach copies of statewide police criminal background checks, not more than 30 days old, from all states where they resided during the past five (5) years. For Kentucky dial (800) 928-6381 or go to <http://www.courts.ky.gov>. Attach background checks for all primary officers of a privately owned Corporation or LLC and for any person who owns more than 10% of it. Attach background checks for the three highest officers of a publicly traded Corporation, the Trustee if the private Corporation is owned in whole or part by a Trust, and the three highest officers of any entity that owns the Corporation or LLC in whole or part.
- STEP 4** Attach a copy of the articles of incorporation, partnership papers, or organizational papers, if you are applying as a Corporation, Limited Partnership, or LLC.
- STEP 5** Attach a copy of the deed on file with the County Clerk if you own the real estate premises where you plan to sell alcohol. Attach a copy of your lease if you do not own the real estate premises where you plan to sell alcohol. The deed, lease, sub-lease, or management agreement must be valid and complete. It must be made to the same name used to apply for the license. If you possess the premises by sub-lease, also attach a copy of the lease between the real estate owner and the original tenant or lessee showing that the sub-lease complies with the original lease.
- STEP 6** Call the Kentucky Revenue Cabinet at (502) 564-3306 to get the Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.

STEP 7 Use Section (E) of the application to determine which license type(s) you want. There are different requirements for different licenses. Complete the Sections that apply to your license type(s). Attach all documents necessary for your license type(s). Your application will be returned if it is incomplete.

STEP 8 Section (E) tells you the fee for each license. The NQ Malt Beverage Retail Package License fee is \$200. So is the NQ-4 Malt Beverage Retail Drink License fee. If you get both, one is considered a primary license and the other is a secondary license. The fee for the secondary license is discounted \$150, so instead of \$200 + \$200 = \$400, it is \$200 + \$50 = \$250. Pay your application fee(s) online at www.stanford.ky.gov (please be aware that a 2.7% handling fee will apply) or by attaching a **certified check, cashier's check or money order made payable to: City of Stanford.** **WE WILL NOT ACCEPT CASH BY MAIL ONLY BY HAND-DELIVERY.**

STEP 9 Check your application to be sure it is complete and that all required documents are attached. Take it to the local ABC Administrator for signature of approval. (Some license types do not require local ABC approval.) Then submit the application to the state ABC Office.

Quota Retail Package License (4) (liquor/wine) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, G,** the **APPLICATION AFFIDAVIT, and Section BB.**

NQ-1 Retail Drink License (6) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, I, the APPLICATION AFFIDAVIT, and Section BB.** An NQ-1 is a combination license for the sale of distilled spirits, wine, and malt beverages (beer) by the drink only. Business types qualified to hold an NQ-1 license are limited to convention centers, horse tracks, automobile race tracks, commercial airline systems, commercial rail systems, or a qualifying state park.

NQ-2 Retail Drink License (7) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, J, the APPLICATION AFFIDAVIT, and Section BB.** An NQ-2 is a combination license for the sale of distilled spirits, wine, and malt beverages (beer) by the drink only. Business types qualified to hold an NQ-2 license are limited to restaurants with at least 50 seats, motels/ hotels, airports, and riverboats.

NQ-3 Retail Drink License (8) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, K, the APPLICATION AFFIDAVIT, and Section BB.** An NQ-3 is a combination license for the sale of distilled spirits, wine, and malt beverages (beer) by the drink only. Business types qualified to hold an NQ-3 license are limited to private club or railroad cars (dining cars) and Pullman Company cars.

NQ-4 Retail Malt Beverage Drink License (18) (beer) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, H, the APPLICATION AFFIDAVIT, and Section BB.**

NQ - Retail Malt Beverage Package License (17) (beer) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, H, the APPLICATION AFFIDAVIT, and Section BB.**

NQ - Retail Malt Beverage Package License (17) AND an NQ-4 Retail Malt Beverage Drink License (18) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, H, the APPLICATION AFFIDAVIT, and Section BB if.**

Limited Restaurant License (19) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, L, BB, the APPLICATION AFFIDAVIT, and Section BB.** This license is for the sale of distilled spirits, wine, and malt beverages (beer) by the drink only.

Limited Golf Course License (20) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, M, the APPLICATION AFFIDAVIT, and Section BB.** This license is for the sale of distilled spirits, wine, and malt beverages (beer) by the drink only.

Qualified Historic License (22) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, N, the APPLICATION AFFIDAVIT, and Section BB.** This license is for the sale of distilled spirits, wine, and malt beverages (beer) by the drink only.

Caterer's License (12) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, O, the APPLICATION AFFIDAVIT, and Section BB.** This license is for the sale of distilled spirits, wine, and malt beverages (beer) by the drink only. It is available only in areas where such alcohol sales are permitted. It is not valid in territory where such sales are not authorized. There are local requirements such as food sales percentages.

Distiller's License (1) Rectifier's Class A License (2) / Rectifier's Class B License (2) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, P, the APPLICATION AFFIDAVIT, and Section BB**. You must provide your **Federal Basic Permit**. You must have a distribution agreement(s) with a licensed Kentucky Wholesaler(s) for all brands that will be sold to licensed Kentucky retailers.

Brewer's License (14) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, Q, the APPLICATION AFFIDAVIT, and Section BB**. You must provide your **Federal Basic Permit**. You must have a distribution agreement(s) with a licensed Kentucky distributor(s) for all brands that will be sold to licensed Kentucky retailers.

Malt Beverage Distributor's License (16) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, S, the APPLICATION AFFIDAVIT, and Section BB**. You must provide your **Federal Basic Permit**.

Microbrewery License (15) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, R, the APPLICATION AFFIDAVIT, and Section BB**. You must provide your **Federal Basic Permit**. You must have a distribution/territorial agreement(s) for all brands and designated territory with a licensed Kentucky distributor(s) if your sales are to licensed Kentucky retailers. All microbreweries, including NQ-4 licensees, must file a completed "ABC/Revenue Form-Microbrewery's Retail Gross Receipt Report" with their contracted distributor(s) monthly. That form tracks monthly production and retail sales. Daily direct sales (package and drink) cannot exceed 228 ounces per customer.

Wholesaler's Distilled Spirits and Wine License (3) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, S, the APPLICATION AFFIDAVIT, and Section BB, if applicable**. You must provide your **Federal Basic Permit**.

Bottling House or Bottling House Storage License (13) Complete all fields and answer all questions in **Sections A, B, C, D, E, F, T, the APPLICATION AFFIDAVIT, and Section BB**. You must provide your Federal Basic Permit.

Site Inspections

The Kentucky Department of Alcoholic Beverage Control will assign an Investigator after your complete application is received. The Investigator will contact you at the numbers provided on the application to schedule a site inspection at which you or your legally authorized representative will be interviewed. Give the Investigator a professional floor plan or blueprint depicting the interior layout of the premises to be licensed. Final consideration of your application will take place only after the Investigator's inspection report is filed. A second or final inspection is required if construction or remodeling of the real estate premises to be licensed was incomplete at the time of the first inspection.

For assistance contact the Kentucky Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, KY 40601-8400; phone (502) 564-4850; fax (502) 564-1442; website <http://abc.ky.gov>

You must obtain a **Federal "Special Occupational Tax" Stamp** or a **"Federal Basic Permit"** from the Alcohol and Tobacco Tax and Trade Bureau (TTB). Forms and instructions are available on line at www.ttb.gov/application

By e-mail at: ttbtaxstamp@ttb.gov, by mail or in person: Federal Alcohol and Tobacco Tax and Trade Bureau, National Revenue Center, Suite 8002, 550 Main St., Cincinnati, Ohio 45202-5215. Phone: (513) 684-3334; Cincinnati number (1-800-937-8864)

ABC Basic Application
Stanford, KY

CITY OF STANFORD
ALCOHOLIC BEVERAGE CONTROL
305 East Main Street
Stanford, Kentucky 40484-0000
(606)235-1008 phone
(606)365-4060 fax
Email ABC@stanfordky.gov

Site ID #

BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Applications will be returned if all questions are not answered completely.

LEAVE BLANK – FOR ABC USE ONLY

License # _____	\$ _____	City of Stanford, Kentucky ABC Administrator	HD Approval _____
License # _____	\$ _____	Review and Approval	Fire Chief Approval _____
License # _____	\$ _____	_____	Code Enforcement Approval _____
License # _____	\$ _____	_____	_____
License # _____	\$ _____	Approval Date _____	City Clerk Approval _____
License # _____	\$ _____	_____	Server Training _____

SECTION A	SECTION B
<p>1. Applicant's business/company name _____ (applicant's name, if sole proprietor)</p> <p>DBA (Doing Business As): _____</p> <p>Address of premises to be licensed _____</p> <p>City _____ County _____</p> <p>State _____ Zip code _____</p> <p>Mailing address (if different from above) _____</p> <p>Contact person _____ E-mail address _____</p> <p>Contact phone _____ Fax _____ Premises phone _____</p> <p>Fee enclosed \$ _____</p>	<p>2. Tax numbers must be issued in the applicant's name.</p> <p>Ky. Sales & Use Tax # _____</p> <p>Ky. Withholding Tax # _____</p> <p>Ky. Corporate Tax # _____</p> <p>Federal EIN # _____</p>

SECTION C

3. Complete the following for the business proprietor, partner(s), and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. Show 100% of the ownership. Make an attachment if additional space is needed. If you are operating under a management agreement, please enclose a copy of agreement.

Is this a publicly held company: YES NO

NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK F= FAX C= CELL	SOCIAL SECURITY NUMBER OR EIN	TITLE	USA CITIZENSHIP	DATE OF BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%

SECTION D

4. Is this a publicly-traded company? YES NO
If yes, **attach** the criminal background checks for the three highest ranking officers and any person who owns ten percent (10%) or more interest.
If no, **attach** the criminal background checks for all parties listed in Section C
5. Does the applicant have ownership of the premises by lease, permit, management agreement or land contract for the entire license period? YES NO
ABC **will** not issue any license(s) unless this lease extends through the full period of the license expiration date.
ABC **will not** issue any license(s) unless the applicant has an active and valid lease or deed for the license premises.
If the applicant is not the owner of the real estate premises:
Name the owner of the real estate premises: _____
Give the address of the owner of the real estate premises: _____
Give contact number for the owner of the real estate premises: _____
What is the expiration date of the lease or permit? (MM/DD/YYYY) _____
Attach a legal description of the boundaries of the premises (ie. Drawings, blue prints, a deed, or metes and bounds etc.)
6. Are you operating under a management agreement? YES NO
7. Is the applicant a corporation, limited partnership, limited liability company (LLC), other legally recognized entity, and is it in good standing with the Kentucky Secretary of State? YES NO
If yes:
a. Identify the state in which the applicant is incorporated or organized: _____
b. **Attach** a copy of the applicant's Certificate of Existence or Certificate of Authority to do business in Kentucky.
c. Identify and provide the address of the individual who is designated as the process agent to receive legal notifications:

8. Is any business proprietor, partner, owner, officer, director, managing member, member, shareholder, or other person of interest in the business to be licensed **NOT** a U.S. citizen? YES NO
9. Is the entire license fee paid by the applicant and not by any other person? YES NO
10. Has the applicant or any person listed in Section C ever been licensed to sell alcoholic beverages? YES NO
If yes, provide the license type(s) and give the business name and state:
Alcohol Producer: _____
Distributor/Wholesaler: _____
Retailer: _____
Is this license being transferred to a new location? _____
11. Does the applicant or any person named in Section C have ten percent (10%) interest or more in any alcohol type license? (804 KAR 4:015) YES NO
If yes, please list or explain: _____
12. Has the applicant or any person named in Section C 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? KRS 243.100(1)(a) YES NO
If yes, **attach** a statement identifying the person(s) and describing the interest(s). **Attach** additional pages if needed.
13. Has the applicant or any person named in Section C been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? KRS 243.100(1)(b) and (c). YES NO
14. Has there been a suspension, denial, or revocation of any Kentucky Alcoholic Beverage License held by the applicant or by any person named in Section C of this application? YES NO
If yes, **attach** a statement giving a full explanation, including dates of suspension, denial, or revocation.

SECTION D (CONTINUED)

15. Are the premises currently licensed? YES NO
 If yes, list the Kentucky License Number(s): _____
- a. Are the rights of an existing Quota Retail Package license or a Quota Retail Drink license being transferred? YES NO
- b. Is the applicant applying for a new quota Retail Package license or a Quota Retail Drink License? YES NO
- c. Is the applicant acquiring an interest in the existing business? YES NO
- d. Does the existing business owe taxes or any tax returns? YES NO
16. Will gasoline and lubricating oil be sold or will motor vehicles be serviced or repaired at the premises to be licensed?
 KRS 243.088 YES NO
 If yes, will an inventory of not less than \$5,000 in food, groceries, and related products be maintained? YES NO
17. Will tobacco products, alternative nicotine products, or vapor products be sold at the premises to be licensed?
 KRS 438.305 YES NO
 Tobacco products Alternative nicotine products Vapor products

SECTION E

18. 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.

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
RETAIL - QUOTA	City license section 2.5-12 page 6	
<u>Quota Retail Package License</u> (KRS 243.230, KRS 243.240) A quota license must be available prior to applying.	\$1,000 (4)	\$500
RETAIL-NON QUOTA	City license section 2.5-12 page 6	
<u>NQ Retail Malt Beverage Package License</u> (KRS 243.280)	\$200 (17) If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$250: \$200 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Beverage License.	\$100
<u>NQ-4 Retail Malt Beverage Drink License</u> (KRS 243.088)	\$200 (18) If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$250: \$200 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Beverage License.	\$100
<u>NQ-1 Retail Drink License</u> (KRS 243.082) Includes distilled spirits, wine and malt beverages.	\$2,000 (6)	\$1,000

SECTION E (Continued)

<p><u>NQ-2 Retail Drink License</u> (KRS 243.084) Specify the business type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Restaurant - Minimum 50% of gross annual income from food sales. <input type="checkbox"/> Motel/Hotel - Minimum 50 sleeping rooms, and maintain a restaurant with 50% food sales. <input type="checkbox"/> Airport - Premises located in a commercial airport through which more than 500,000 passengers arrive or depart annually <input type="checkbox"/> Riverboat – Attach a copy of the applicant’s license issued by the United States Coast Guard authorizing the applicant’s Riverboat to carry 100 or more passengers. <input type="checkbox"/> Distillery – Must be located in wet territory or distillery moist territory and all employees who will be involved in sales/services must be STAR trained within (30) days of beginning employment. 	<p>\$1,000 (7)</p>	<p>\$500</p>
<p><u>NQ-3 Retail Drink License</u> (KRS 243.086) Specify the business type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Private Club - Nonprofit charitable, civic, social, fraternal organization, or political club which has maintained a room from which the general public is excluded from if qualifying as a private club Attach documentary evidence of the applicant’s non-profit status. <input type="checkbox"/> Dining Car - Railroad or Pullman car company that sells alcohol by package or drink on a train <input type="checkbox"/> Bed and Breakfast – Must be located in wet territory and may only sell to registered overnight guests Attach Permit to operate (902 KAR 45:006) 	<p>\$300 (8)</p>	<p>\$150</p>
<p><u>Limited Restaurant License</u> LR100 or (KRS 241.010 (32), KRS 242.1244) LR 50/100 - Minimum 70% food sales and minimum seating capacity of 50/100 persons at tables</p>	<p>\$1,200 (19)</p>	<p>\$600</p>
<p><u>Limited Golf Course License</u> (KRS 243.038, KRS 243.039) Nine (9) or eighteen (18) hole USGA regulation golf course</p>	<p>\$1,200 (20)</p>	<p>\$600</p>
<p><u>Qualified Historic Site License</u> (KRS 241.010, KRS 243.042)</p>	<p>\$1,030 (22)</p>	<p>\$515</p>
<p><u>Caterer’s License</u> (KRS 241.010, KRS 243.033) Premises contain commissary (kitchen) and applicant holds food service permit. Attach a copy of the applicant’s Food Service Permit issued by the Lincoln County Health Department.</p>	<p>\$800 (12)</p>	<p>\$400</p>
<p><u>Distiller’s License</u> KRS 243.120, KRS 243.130) Attach a copy of the Federal Basic Permit.</p>	<p>\$500 (1)</p>	<p>\$250</p>
<p><u>Rectifier’s License - Class A [more than 50,000 gallons rectified annually]</u> (KRS 243.120, KRS 243.130) Attach a copy of the Federal Basic Permit.</p>	<p>\$3,000 (2)</p>	<p>\$1,500</p>
<p><u>Rectifier’s License - Class B [less than 50,000 gallons rectified annually]</u> (KRS 243.120, 243.130) Attach a copy of the Federal Basic Permit. Attach The most recent Federal Monthly Report of Processing Operations form if available.</p>	<p>\$960 (2)</p>	<p>\$480</p>
<p><u>Brewer’s License</u> (KRS 243.150, KRS 244.606) Attach a copy of the Federal Basic Permit.</p>	<p>\$500 (14)</p>	<p>\$250</p>
<p><u>Microbrewery License [not to exceed 50,000 barrels produced annually]</u> (KRS 243.157, KRS 244.606) Attach a copy of the Federal Basic Permit. Attach the most recent Federal Monthly Report of Processing Operations form if available (TTBF 5130.9)</p>	<p>\$500 (15)</p>	<p>\$250</p>

SECTION E (Continued)

DISTRIBUTION/WHOLESALE		
<u>Wholesaler's Distilled Spirits and Wine License</u> (KRS 243.160, KRS 243.170) Attach a copy of the Federal Basic Permit.	\$3,000 (3)	\$1,500
<u>Malt Beverage Distributor's License</u> (KRS 243.180, KRS 244.606) Attach a copy of the Federal Basic Permit.	\$400 (16)	\$200
STORAGE		
<u>Bottling House / Bottling House Storage License</u> (KRS 243.035) Attach a copy of the Federal Basic Permit	\$1,000 (13)	\$500

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
SUPPLEMENTAL LICENSES	City license section 2.5-12 page 6	
<u>Supplemental Bar License</u> Fees are required for the first five. (KRS 243.037, KRS 241.010) Select supplemental license type that applies to primary license type:		
NQ-2 Retail Drink	\$1,000	\$500
Limited Restaurant	\$1,200	\$600
Limited Golf Course	\$1,200	\$600
NQ-3 Retail Drink	\$300	\$150
For how many Supplemental Licenses is the applicant applying? _____		
SPECIALITY LICENSES	City license section 2.5-12 page 6	
<u>Special Sunday Retail Drink License</u> Available only if authorized by local ordinance or election. (KRS 243.295, KRS 244.290)	\$300 (10)	\$150
<u>Extended Hours Supplemental License</u> Available only to holders of NQ-1 Retail Drink Licenses, and Qualified Historic Site Licenses located within commercial airport (KRS 243.050, 804 KAR 4:230)	\$2,000 (11)	\$1,000
<u>Authorized Public Consumption License</u> (KRS 243.089) Attach a copy of local COD permit. Attach a copy of general liability insurance.	\$250 (21)	\$125

SECTION F

List all types of licenses applied for in Section E:

Describe in detail the type of business and how alcoholic beverages will be sold:

If applicable, how will Malt Beverages (beer) be sold at the business:

- Drink
 Package
 Both Drink and Package

If applicable, how will Wine & Distilled Spirits be sold at the business:

- Drink
 Package
 Both Drink and Package

SECTION G

This section must be completed if applying for a Quota Retail Package License.

- 19. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
- 20. Is the applicant applying for an NQ-4 Retail Malt Beverage Drink License? YES NO
- 21. Is the applicant applying for a NQ Retail Malt Beverage Package License? YES NO
- 22. Is the applicant applying for a Sampling License? YES NO
- 23. Are the premises to be licensed located within an incorporated city? YES NO

SECTION H

This section must be completed if applying for an NQ Retail Malt Beverage Package or NQ-4 Retail Malt Beverage Drink License.

- 24. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
- 25. If you are a Small Farm Winery applying for an NQ-4 retail malt beverage drink license, do you comply with all of the requirements prescribed in KRS 243.155(5)? YES NO
- 26. Check all licenses for which you are applying:
 NQ Retail Malt Beverage Package License NQ-4 Retail Malt Beverage Drink License
- 27. Do you plan to sell growlers? YES NO
- 28. Do you plan to sell marine fuel? YES NO
- 29. Do you plan to permit consumption of alcoholic beverages on the license premise? YES NO

If yes, please describe the nature of your business _____

SECTION I

This section must be completed if applying for an NQ-1 Retail Drink License.

- 30. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
- 31. Is the applicant applying for an Extended Hours Supplemental License? YES NO
- 32. Does the applicant qualify for the NQ-1 Retail Drink License as a:
 Commercial airline system Convention center
 Auto racetrack Commercial railroad company
 Horse racetrack State Park
- 33. If qualifying as a horse racetrack, attach a copy of its racing license issued by the Kentucky Racing Commission.
- 34. If qualifying as an air or rail system, attach a copy of the listing of the air or rail terminals used and the locations of the storage areas.
- 35. If qualifying as a state park, please select all that apply to the
premise: 9-hole golf course
 18-hole golf course
 Full service lodge and dining room

SECTION J

This section must be completed if applying for an NQ-2 Retail Drink License.

36. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
37. Is the applicant applying for a Special Sunday Retail Drink License? YES NO

This supplemental license is available ONLY if Sunday sales have been authorized by local ordinance or election.

38. Does the applicant qualify for the NQ-2 Retail Drink license as a:

- Restaurant Motel/Hotel
- Riverboat Airport

If qualifying as a Riverboat, **attach** a copy of the applicant's license issued by the United States Coast Guard authorizing the applicant's Riverboat to carry 100 or more passengers.

Give the address of the applicant's port: _____

39. Is the applicant applying for a Supplemental Bar License(s)? YES NO
If yes, how many? _____
40. Is the applicant applying for a Sampling License? YES NO
41. If a Motel or Hotel, is the applicant applying for a Hotel In-Room License? YES NO

SECTION K

This section must be completed if applying for a NQ-3 Retail Drink License.

42. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
43. Does the applicant qualify for the NQ-3 Retail Drink License as a Private Club or Dining Car? YES NO
44. If qualifying as a private club, **attach** documentary evidence of the applicant's non-profit status.
If qualifying as a private club, has the applicant maintained a club room(s) or all rooms of the premises from which the public has been excluded for one year? YES NO
45. Is the applicant applying for a Supplemental Bar License(s)? YES NO
If yes, how many? _____
46. Is the applicant applying for a Special Sunday Retail Drink License? YES NO

This supplemental license is available ONLY if Sunday alcohol sales have been authorized by local ordinance or election.

SECTION L

This section must be completed if applying for a Limited Restaurant License.

47. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
48. Does the applicant qualify for the Limited Restaurant License by meeting the requirements of:
 100 seats and 70% gross annual food sales
49. Is the applicant applying for a Supplemental Bar License(s)? YES NO
If yes, how many? _____
50. Is the applicant applying for a Special Sunday Retail Drink License? YES NO

This supplemental license is available ONLY if Sunday alcohol sales have been authorized by local ordinance or election.

SECTION M

This section must be completed if applying for a Limited Golf Course License.

51. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
52. Is the applicant applying for a Supplemental Bar License(s)? YES NO
If yes, how many? _____
53. Is the applicant applying for a Special Sunday Retail Drink License? YES NO

This supplemental license is available ONLY if Sunday alcohol sales have been authorized by local ordinance or election.

SECTION N

This section must be completed if applying for a Qualified Historic Site License.

54. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
55. Is the applicant applying for an Extended Hours Supplemental License or a Special Sunday Retail Drink License? YES NO

SECTION O

This section must be completed if applying for a Caterer's License.

56. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
57. Do the proposed premises contain a commissary? YES NO
- Attach** a copy of the applicant's Food Service Permit issued by the local Health Department.
58. Is the applicant applying for a Special Sunday Retail Drink License? YES NO

This supplemental license is available ONLY if Sunday alcohol sales have been authorized by local ordinance or election.

59. If the applicant is applying for a Caterer's License as a supplemental license, check the applicable primary license type:

- Quota Retail Package License
- NQ-1 Retail Drink License
- NG-2 Retail Drink License
- Limited Restaurant License

SECTION P

This section must be completed if applying for a Distiller's License, Rectifier's Class A, Rectifier's Class B License.

60. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO
61. The applicant is applying for the following license type:
- Distiller's
 - Rectifier Class A - produce more than 50,000 gallons annually
 - Rectifier Class B - produce less than 50,000 gallons annually
62. **Attach** a copy of the applicant's Federal Basic Permit
63. If qualifying as a Distiller, is the applicant also applying for a Sampling License? YES NO

SECTION Q

This section must be completed if applying for a Brewer's License.

64. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO

65. **Attach** a copy of the applicant's Federal Basic Permit.

SECTION R

This section must be completed if applying for a Microbrewery License.

66. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO

67. Does the applicant hold any other license types? YES NO

If yes, what? _____

68. **Attach** a copy of the applicant's Federal Basic Permit.

69. List all additional eligible license types (pursuant to KRS 243.157) for which the applicant is applying:

SECTION S

This section must be completed if applying for a Wholesaler's Distilled Spirits and Wine License or Malt Beverage Distributor's License.

70. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO

71. **Attach** a copy of the applicant's Federal Basic Permit.

SECTION T

This section must be completed if applying for a Bottling House or Bottling House Storage License.

72. Do the premises meet all of the requirements specified in Section E and all applicable Kentucky Revised Statutes? YES NO

73. If a Retailer, Distributor, or Brewer applying for a Malt Beverage Storage License, state the applicant's Kentucky Department of Alcoholic Beverage Control license number and address of the licensed premises:

74. If applying for a Distilled Spirits/Wine Storage or Bottling House/Bottling House Storage License as a supplemental license, state the applicant's primary Kentucky Department of Alcoholic Beverage Control license number and address of the licensed premises:

75. If applying for a Distilled Spirits Wine Storage License, state the applicant's intended use:

SECTION AA

THIS SELLER MUST COMPLETE THIS SECTION IF SECTION (D) HAS BEEN ANSWERED "YES" OR IF A LICENSE IS BEING TRANSFERRED.

I (we), _____ hereby swear and affirm that I am the owner or authorized officer
(print full name)

of _____ that holds the following state license(s), the numbers of which are
(name of business)

given here: _____. The business is located at _____
(business address)

My contact information: _____, _____, _____, _____, _____
(street address) (city) (county) (St) (zip)

_____ (phone number) _____ (fax number) _____ (email address)

I (we) hereby surrender said license(s) and in doing so relinquish all rights and claims thereto and all privileges hereunder. I understand that if a license transfer is not approved, said license surrender shall be null and void and the license shall remain in the seller's name.

Signature of Seller _____ **Title** _____ **Date** _____

(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**.)

SECTION BB

OBTAIN CITY OF STANFORD ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL

The City of Stanford ABC Administrator must approve this application. Take or mail this application, fees, and all attachments to the City of Stanford ABC Administrator.

I certify under oath that the applicant(s) has been approved for the equivalent local license type(s) applied herein for the identified premises, and that the applicant satisfies all local ordinances.

APPLICANT NAME _____ **ADDRESS** _____

SIGNATURE OF APPROVAL OF CITY OF STANFORD ABC ADMINISTRATOR

_____ **DATE** _____

AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE(S)

I, (print your name here) _____, do hereby swear or affirm under penalty of perjury that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear and affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Kentucky Department of Alcoholic Beverage Control. I hereby swear and affirm that if the license(s) is issued, I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that no persons listed in Section (C) 3 of this application are in default of a repayment obligation under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature of Buyer or New Applicant _____ Title _____ Date _____

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: _____

This concludes the ABC Basic Application.

Note: Once you have completed the application, please save a copy and print the completed application and return it to the Alcoholic Beverage Control Division, City of Stanford, 305 East Main Street, Stanford, KY 40484. We accept completed applications by hand delivery, or by mail.

CHECK LIST

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you included a completed REMITTANCE FORM or a certified check, cashier's check, business check, or money order for license(s) fees made payable to the "City of Stanford" | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Cash will be accepted only in person. | | |
| 2. Have you answered each question fully and checked the type(s) of license(s) you are applying for? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you signed your application(s) ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. If applicable, has the seller signed the application? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you attached a certified copy of your newspaper advertisement for this license? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Have you attached a signed/valid copy of your deed or lease? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Have you attached a copy of your criminal background check from the state(s) where you have resided for the past five years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Have you secured the signature of approval from your local ABC Administrator on this application (if applicable)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Visit http://abc.ky.gov for a list of Local ABC Administrators in your area. | | |
| 9. Have you reviewed your application to assure there are no errors, missing information and/or responses? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Have all additional required documents been attached? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

EXAMPLE OF PUBLIC NOTICE

WHEN APPLYING FOR AN ABC LICENSE

KRS 243.360 requires a person to advertise by publication under KRS 424.120 his or her intention to apply for a license before filing an alcohol license application. Please use this form to assist you with this requirement. KRS 424.120 identifies which newspapers qualify.

YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:

(Fill in the blanks)

_____, Mailing address
(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)

_____, Hereby declares intention(s)
(Include Street, City, State and Zip)

to apply for a _____ license(s)

(List **all license types** and **business types** for which you are applying for. (Example), Quota Retail Package, NQ1 – Retail Drink License Convention Center, NQ1-Retail Drink License Horse Race Track, Alcoholic Beverage NQ2-Restaurant Liquor, Wine and Malt Beverages (beer) by the Drink, NQ-Malt Beverage Package, Caterer's, Alcoholic Beverage NQ3-Private Club, Alcoholic Beverage Limited Restaurant by the Drink, Alcoholic Beverage Limited Golf course by the Drink, and so on...) AND all business types. **(Be sure** to refer to your ABC application and the attached license type list for correct names for all license types which you are making application for.)

no later than _____, The business to be licensed will be
(Enter the date you intend to make application to the State ABC)

located at _____ Stanford, Kentucky 40484.
(List the **EXACT** street address and city where the ABC license is to be issued)

doing business as _____
(List the name of your business (D.B.A.))

The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:

_____	,	_____	of	_____
Title or position		Name		Home address, city, state and zip code
_____	,	_____	of	_____
Title or position		Name		Home address, city, state and zip code
_____	,	_____	of	_____
Title or position		Name		Home address, city, state and zip code
_____	,	_____	of	_____
Title or position		Name		Home address, city, state and zip code
_____	,	_____	of	_____
Title or position		Name		Home address, city, state and zip code

Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Dept. of Alcoholic Beverage Control, 500 Mero Street 2NE33, Frankfort, Ky. 40601, within 30 days (KRS 243.430) of the date of this legal publication. (End of advertisement)

Forward a clipping of this advertisement along with the Affidavit of Publication to:
CITY OF STANFORD KENTUCKY
ALCOHOLIC BEVERAGE CONTROL DIVISION
 305 East Main Street
 Stanford, Kentucky 40484-0000
 (606) 235-1008 phone (606) 365-4060 fax
 EMAIL: ABC@stanfordky.gov



ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM

City of Stanford, Kentucky

305 E. Main St.

Stanford, Kentucky 40484

Phone (606)235-1008 Fax: (606)365-4060

Website: www.stanford.ky.gov

Barry Allen, ABC Administrator ABC@stanfordky.gov

SECTION A:

Applicant's business/company name: _____

D/B/A: _____

Address of premises to be licensed: _____

Mailing Address: (if different from above): _____

Premises Phone No.:(____)_____ Contact Phone No.:(____)_____

Fax No.:(____)_____ Email address: _____

List all types of licenses you are applying for: _____

Fee Enclosed \$ _____

SECTION B:

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 C: 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 must be included with 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 Stanford, 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: _____

Approved: _____

Alcoholic Beverage Control Administrator

Date

Checklist

- 1. Have you included a copy of your **State Basic License Application**?
- 2. Have you signed your application?
- 3. Have you included your license fees?
- 4. Have you included your signed Verification of Food Service Compliance Form?
- 5. Have you included your signed Fire Code Compliance Form?
- 6. Have you included your signed Code Enforcement Form?
- 7. Have you included your signed City Tax Compliance Form?
- 8. Have you included your completed Certified Alcohol Server Training Form?

VERIFICATION OF FOOD SERVICE COMPLIANCE
Related to
City of Stanford, 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 Lincoln County Health Department, 44 Health Way, Stanford, Kentucky, Phone: 606-365-3106, 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 _____.

Lincoln County Health Department Representative

VERIFICATION OF FIRE CODE COMPLIANCE
Related to
City of Stanford, 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 of Stanford Fire Chief, 400 E. Main St., Stanford, Kentucky, Phone: 606 365-4501, 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, city adopted Fire and Life Safety Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Stanford, Kentucky. Please note the following conditions, if any:

Seating Requirement if applicable _____

Signed this _____ day of _____, 20 _____.

Scott Maples,
City of Stanford Fire Chief

VERIFICATION OF CODE ENFORCEMENT COMPLIANCE
Related to
City of Stanford, 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 Code Enforcement Officer, 403 E. Main St., Stanford, Kentucky, Phone: 606 879-1002, 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 Zoning Regulations in order to comply with the Alcoholic Beverage Control Ordinance of the City of Stanford, Kentucky. Please note the following conditions, if any:

Signed this _____ day of _____, 20 _____.

Jeff Knouse
City of Stanford, Code Enforcement Officer

VERIFICATION OF CITY TAX COMPLIANCE
Related to
City of Stanford, 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 Stanford City Clerk, 403 E. Main St., Stanford, Kentucky,
Phone: 606 365-4500, 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 city tax compliance in order to comply with the Alcoholic Beverage Control Ordinance of the City of Stanford, Kentucky.

Property Tax: Current through: _____ Delinquent: _____

Net Profit: _____

Occupational Payroll: _____

Business License: _____

Signed this _____ day of _____, 20 _____.

Jone Allen, CKMC
City of Stanford