

CITY of UNION, KENTUCKY
APPLICATION FOR ALCOHOL SALES LICENSE

Applicant Name & Business Address (Please print)

Name: _____

DBA: _____

Name of the Special Event: _____

Business Address: _____

City _____

State & Zip: _____

Business Phone: _____ Alternate Phone: _____

☐ **NEW APPLICATION**

☐ **RENEWAL APPLICATION**

Today's Date _____ 20____

LEAVE BLANK

License No. (s) _____

Kind of License (1) _____

Kind of License (2) _____

Kind of License (3) _____

Date Received _____

Amount Paid: _____

Date Issued _____

By _____

1. Amount of City license fee, **remitted herewith:** \$ _____ (see attached Schedule of Fees)

2. Period to be covered by license: from _____ 20 ____ through _____ 20 ____

All licenses are effective from December 1 through November 30 and must be renewed on an annual basis.

3. Give the following information for the business proprietor, partners, stockholders and all persons otherwise interested or who may become interested in the business to be licensed, and officers, directors and resident managers if business is incorporated. (use additional pages, if necessary).

NAME & ADDRESS (Give name and complete home address)	Nature of Interest in Business or Official Position as business proprietor partner, director, etc.	Citizen of U.S. Yes/No	Date of Birth	Date Residence Established in Ky. if Kentucky Resident
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. (Check answers to both questions) Have any of the persons named in statement 3 had a license issued under any alcoholic control law revoked for cause within the last two years? YES ____ NO ____ At any time? YES ____ NO ____ If the answer to either question is yes, attach a statement giving full explanation of each such revocation.

5. (Check answers to both questions) Have any persons named in statement 3 been convicted of a felony or misdemeanor directly or indirectly attributable to the use, manufacture, sale or traffic in alcoholic beverages within the last 2 years? YES ____ NO ____ At any time? YES ____ NO ____ If any convictions have occurred at any time attach a statement giving a full explanation of each such conviction.

6. Has any relative, either by blood or marriage, of the applicant had an alcoholic beverage license revoked? YES ____ NO ____ If answer is yes, attach statement giving full details.

7. Has an alcoholic beverage license been revoked for these premises? YES ____ NO ____ If answer is yes, attach a statement giving a full explanation.

8. Have any of the persons named in the statement 3 had a license suspended or denied? YES ____ NO ____ If answer is yes, attach statement giving full details.

9. Were you licensed to sell distilled spirits and wine or beer at anytime during the past 12 months? YES ____ NO ____ If yes, give license # _____ Are you transferring this license to a new location? YES ____ NO ____

10. Have the premises been licensed for the sale of distilled spirits and wine or beer at anytime during the past 12 months? YES ____ NO ____ Are the premises now licensed? YES ____ NO ____ If yes, give license number and by whom _____

11. Is applicant a corporation? YES ____ NO ____ If answer is yes, give state in which incorporated _____ If not incorporated in Kentucky, is the corporation authorized by the Secretary of State to do business in Kentucky? YES ____ NO ____

12. Is the applicant the owner of the premises to be licensed? YES ____ NO ____ If the answer is No, do you have a lease covering the full license period for the premises to be licensed? YES ____ NO ____ Also, if the answer is No, you must attach a copy of your lease covering the full license period for the premises to be

licensed. Give date lease expires _____. If the applicant is not the owner of the premises to be licensed give the following information (on the next page):

Property Owner's Name _____ Address _____
Age _____ Citizenship _____

13. Is the applicant a citizen of the United States? YES ___ NO ___

14. Is the applicant a resident of Kentucky? YES ___ NO ___ Date of residency _____

15. Will you, in good faith, abide by the laws of the United States; Commonwealth of Kentucky, and the ordinances of the City of Union relating to the traffic in spirituous, vinous and malt liquors? _____

16. I hereby consent to the retail sale of alcoholic beverage as defined by law on my property located at _____, Kentucky.

Name _____ Address _____
(Signature)

17. Are the premises to be licensed located within an incorporated city or town? YES ___ NO ___

18. Will any other business be conducted in conjunction with the business authorized by the license herein applied for? YES ___ NO ___ If answer is yes, describe below kind of business: _____

19. Is the entire license fee paid by the applicant and by no other person? YES ___ NO ___

20. Are premises to be licensed on same street as, and within 200 feet of the nearest school, hospital, church or other place of worship? YES ___ NO ___ If yes, give distance from the nearest outside wall of the building on the licensed premises to nearest outside wall of the church or school building. _____

21. Are the premises to be licensed and the entrance thereto located on the street level? YES ___ NO ___ If answer is no, is the business a hotel, club or restaurant that has been in business as such in which liquor has been sold at retail under a valid license for the last year? YES ___ NO ___

22. Are the premises to be licensed located in a business center or on a main thoroughfare? YES ___ NO ___ If answer is no, submit a diagram of surrounding territory showing exact location of premises with relation to other buildings.

23. Are you familiar with Kentucky Revised Statute 243.500, prohibiting gambling on licensed premises? YES ___ NO ___

24. Have you, or any individual in your employment, at any time in the past 2 years, been convicted of a gambling offense, or possessing gambling equipment? YES ___ NO ___

25. Do you know that under Kentucky Law you are responsible for the acts of your employees on your licensed premises? YES ___ NO ___

AFFIDAVIT

I, _____ of _____ do hereby solemnly swear or affirm that all statements made and information given in this application, accompanying documents and other materials are true and correct to the best of my knowledge, information and belief, that I am familiar with all laws, rules and regulations governing the business for which application is made, and that in the conduct of the business authorized by the license herein applied for all such laws, rules, and regulations will be strictly obeyed, and that I have also read KRS 243.490-500 of the Alcoholic Beverage Control law relative to causes for revocation of suspension of license. I further understand that if I am granted an extended hours permit that such permit shall not be property right and that it may be revoked or suspended at any time provided by law.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

(Notary Signature)

My Commission expires on _____
Notary I.D. Number _____

This certifies that the applicant herein above named has been approved for the type of license applied for and at the premises above specified.

Signature of approval _____ Date _____
(ABC Administrator) City of Union, Kentucky