



CITY OF ELSMERE APPLICATION FOR ALCOHOL SALES LICENSE

318 Garvey Avenue, Elsmere, KY 41018 TELE: 859-342-7911 FAX: 859-342-7910

Applicant Name & Business Address (Please print)

Name: _____

DBA: _____

Business Address: _____

City: _____

State & Zip: _____

Business Phone: _____

Alternate Phone: _____

NEW APPLICATION

RENEWAL APPLICATION

SPECIAL TEMPORARY

TRANSFER APPLICATION FROM: _____

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

Distilled Spirits and Wines Licenses

	Line Description	Fee Per Annum
<input type="checkbox"/>	Distillers	\$500
<input type="checkbox"/>	Rectifier	\$3,000
<input type="checkbox"/>	Wholesalers	\$3,000
<input type="checkbox"/>	Quota Retail Package	\$500
<input type="checkbox"/>	Quota Retail Drink	\$500
<input type="checkbox"/>	Special Temporary (liquor/wine/beer)	\$75 Per Event
<input type="checkbox"/>	Distilled Spirits and Wine Special Temporary Auction License	\$100 Per Event
<input type="checkbox"/>	Special Sunday Retail Drink	\$300
<input type="checkbox"/>	Caterer's License	\$500
<input type="checkbox"/>	NQ-1 Retail Drink (liquor/wine/beer)	\$1,500
<input type="checkbox"/>	NQ-2 Retail Drink License (liquor/wine/beer)	\$500
<input type="checkbox"/>	NQ-3 Retail Drink License (liquor/wine/beer)	\$200
<input type="checkbox"/>	Liquor License Transfer Fee	\$10

Malt Beverage Licenses

<input type="checkbox"/>	Brewers	\$500
<input type="checkbox"/>	Microbrewery	\$500
<input type="checkbox"/>	Distributors	\$400
<input type="checkbox"/>	Malt Beverage Brew on Premises License	\$100
<input type="checkbox"/>	NQ-4 Retail Malt Beverage Drink License	\$200
<input type="checkbox"/>	Nonquota Retail Malt Beverage Package	\$200
<input type="checkbox"/>	Secondary NQ-4 Malt Beverage Drink License	\$50
<input type="checkbox"/>	Secondary Nonquota Retail Malt Beverage Package License	\$50

2. Period to be covered by license: from _____, 20 ____ through _____, 20 _____. (Regular License Year Ends June 30)

3. Give the following information for the business proprietor, partners, stockholders, members, managers 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	D.O.B.	U.S. Citizen: YES/NO	Date of KY Residence	Official Position

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 ___.
6. Have any of the persons named in the statement 3 had a license suspended or denied? YES ___ NO ___.
7. Is applicant a corporation or limited liability company? YES ___ NO ___. If not incorporated in Kentucky, is the corporation or LLC authorized by the Secretary of State to do business in Kentucky? YES ___ NO ___.
8. 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 :
 Property Owner's Name: _____ Address: _____
 City, ST, Zip: _____ Telephone No. _____ Age: ___ U.S. Citizen: YES ___ NO ___.
9. 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: _____.
10. Is the applicant a citizen of the United States? YES ___ NO ___.
11. Is the applicant a resident of Kentucky? YES ___ NO ___. Date of Residency: _____.
12. The applicant understands the license authorizes the search of the licensed premises by any Peace Officer at any time for any purpose; the removal therefrom of any evidence of any crime or other violation of any law; and the use thereof in any trial or hearing in regard thereto. YES ___ NO ___.
13. Will you in good faith, abide by the laws of the United States; Commonwealth of Kentucky; and Ordinances of the City of Elsmere relating to the manufacture, sale, use of, and trafficking in alcoholic beverages? YES ___ NO ___.
14. Have you attached a copy of your State of Kentucky Liquor License? 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, and any applicable portion of the Elsmere Code of Ordinances. 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: _____ **Title:** _____

STATE OF _____ COUNTY OF _____ Sworn to or affirmed before me this _____ day of _____, 20____, _____, Notary Public. My Commission Expires _____

(For City of Elsmere Official Use Only)

License Type (1): _____

License Type (2): _____

License Type (3): _____

License Number: _____ **Amount Paid:** _____ **Period Covered by License:** _____

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:** _____

