

**OLDHAM COUNTY, KENTUCKY
ALCOHOL BEVERAGE CONTROL APPLICATION**

Oldham County Police Department
1855 North Highway 393
LaGrange, Kentucky 40031
Phone: (502) 222-1300 Fax: (502) 222-5490
Website: www.oldhamcountypolice.com

Name of Applicant: _____
Date of Application Birth: _____
Business Address: _____
Mailing Address: _____
Phone: _____
Email Address: _____
Desired Opening Date: _____

Limited Restaurant Alcoholic Beverage by the Drink Application Fees:

License issued July 1 through December 31 (full year)	\$1,000.00	\$750.00
License issued January 1 through June 30 (half year)	\$500.00	\$375.00
Limited Supplemental Bar (full year)	\$1,000.00	\$750.00
Limited Supplemental Bar (half year)	\$500.00	\$375.00
License Fee for Sunday Sales	\$1.00	\$1.00

Total Amount Due: \$

Note: All County ABC licenses expire on June 30th of each year.

The numbers listed below are based upon projected sales figures for the time period beginning on July 1 and ending on June 30. New applicants will be required to submit a CPA Certification utilizing sales figures as part of their Quarterly Regulatory Reports during the first year of licensing.

GROSS ANNUAL RECEIPTS FROM THE SALES OF:

Food	\$	_____	%
Alcohol Beverages		_____	%
TOTAL	\$	_____	%

Number of Permanent Seats: _____ Note: A drawing of the premises is required.)

Affidavit (signed in the presence of a Notary Public)

I, _____, do hereby solemnly swear or affirm that I am aware that my State application is incorporated and made a part of this application, and that the answers contained therein plus the questions responded to above are true and correct to the best of my knowledge, information and belief. I further understand that in accordance with the Alcoholic Beverage Control Ordinance No. KOC 04-410-129 of Oldham County, Kentucky, I hereby consent to the authority of the Alcohol Beverage Control Administrator and their 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 of 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 the Applicant:

Applicant's Title: _____

**COMMONWEALTH OF KENTUCKY
STATE AT LARGE**

This is to certify that the foregoing document was subscribed and sworn to before me the _____ day of _____, 2009.

NOTARY PUBLIC
My Commission expires: _____

FOR ADMINISTRATOR USE ONLY

This Application is APPROVED:

Colonel Greg Smith, ABC Administrator

This Application is DENIED:

Colonel Greg Smith, ABC Administrator

Date: _____