

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

Name of applicant:

Business Address:

Mailing address:

Phone Number(s):

Email Address:

Desired opening date:

Today's date:

Check ALL License(s) applied for:

Quota Retail Package License	\$600	\$600	\$300
Quota Retail Drink License BAR	\$600	\$600	\$300
NQ-2 Retail Drink License	\$1,000	\$1,000	\$500
NQ-3 Retail Drink License	\$300	\$300	\$150
NQ-4 Retail Malt Beverage Drink License	\$200	\$200	\$100
Secondary NQ Malt Beverage "Retail Package" License	\$50	\$50	\$25
NQ-Retail Malt Beverage Package License	\$200	\$200	\$100
Secondary NQ Malt Beverage "Retail Drink" License	\$50	\$50	\$25
Special Temporary License	\$100	\$100	N/A
Limited Restaurant License	\$800	\$800	\$400
Limited Golf Course License	\$720	\$720	\$360
Special Sunday Drink License	\$10	\$10	\$5

Total Amount for ALL license(s): _____

Note: All County ABC licenses expire on June 30th of each year and the regulatory license fee of 5% of gross sales is paid quarterly.

Affidavit (signed in the presence of a Notary Public) I, _____, do hereby solemnly swear or affirm that I am aware that my Kentucky State ABC 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 16-410-76 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 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 _____.

Notary Public: _____

My Commission expires on: _____

ABC Administrator review:

This application is approved: _____ Date: _____

This application is **denied**: _____ Date: _____