

**CITY OF DAYTON, KENTUCKY**

**OFFICE OF LIQUOR ADMINISTRATOR**

**(All questions must be answered in FULL)**

**ALL LICENSES EXPIRE ON JUNE 30 OF EACH YEAR**

APPLICATION FOR ALCOHOLIC SALES LICENSE:

		<u>RENEWAL</u>	<u>NEW</u>	<u>EXTENDED HRS</u>
				12:00 AM / 2:00 AM
				\$100 EACH
BEER	\$150/\$200	_____	_____	_____
LIQUOR	\$675	_____	_____	_____
SUNDAY SALES	\$250	_____	_____	_____
PACKAGE	\$600	_____	_____	_____
CLUB	\$225	_____	_____	_____
WHOLESALE BY				
DISTRIBUTORSHIP	\$400	_____	_____	_____

APPLICANT'S NAME: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

- 1) Period to be covered by license July 1, 2010 through June 30, 2011.
- 2) Amount of city license fee: \_\_\_\_\_
- 3) Amount of fee submitted with application. \_\_\_\_\_
- 4) 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 AND HOME ADDRESS	NATURE OF INTEREST	SOCIAL SECURITY #
	(Proprietor, Partner)	
_____		
_____		
_____		

CITIZEN OF U.S.?	DATE OF BIRTH	DATE OF RESIDENCE IN KY
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 5) Have any of the persons named in statement 4 had a license issued under any alcoholic control law revoked for a cause at any time: YES\_\_\_\_ NO\_\_\_\_. If answer is yes, attach a statement giving full explanation of each such revocation.
- 6) Have any of the persons named in statement 4 been convicted of a felony or misdemeanor directly or indirectly attributed to the use, manufacture, sale of or traffic in alcoholic beverages at any time? YES\_\_\_\_ NO\_\_\_\_. If any convictions have occurred at any time, attach a statement giving full explanation of each such conviction.
- 7) Has any relative either by blood or marriage, of the applicant had an alcoholic beverage license revoked? YES\_\_\_\_ NO\_\_\_\_. If the answer is yes, attach a statement giving full details.
- 8) Has an alcoholic beverage license been revoked for these premises? YES\_\_\_\_ NO\_\_\_\_. If the answer is yes attach a statement giving a full explanation.
- 9) Have any of the persons named in statement 4 had a license suspended or denied? YES\_\_\_\_ NO\_\_\_\_. If the answer is yes, attach a statement giving full details.
- 10) Were you licensed to sell distilled spirits and wine at retail at any time during the past twelve months? YES\_\_\_\_ NO\_\_\_\_. If yes, give the license number\_\_\_\_\_. Are you transferring this license to a new location? YES\_\_\_\_ NO\_\_\_\_.
- 11) Have the premises been licensed from the sale of distilled spirits and wine at retail at any time during the past twelve months? YES\_\_\_\_ NO\_\_\_\_. If yes, give license number\_\_\_\_\_ and by who\_\_\_\_\_.
- 12) 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\_\_\_\_.
- 13) Is the applicant the owner of the premises to be licensed? YES\_\_\_\_ NO\_\_\_\_ If the answer is no you must file 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:

NAME\_\_\_\_\_ ADDRESS\_\_\_\_\_

AGE\_\_\_\_\_ CITIZENSHIP\_\_\_\_\_

- 14) Does applicant or applicant's employees, agent or stockholders have an interest of any kind in any alcoholic beverage business other than that for which license is herein applied for? YES\_\_\_\_ NO\_\_\_\_ if answer is yes, a statement must be attached describing in detail any such interest (s).
- 15) Read carefully and answer completely. Describe below the location of the premises to be licensed. If in a city or town give street number, or names of adjoining property owner; if not in a city or town, give (1) highway number or name of road, (2) the distance and direction from nearest post office, and (3) side of road on which located (East, West, etc.)
- 16) Are the premises to be licensed located within an incorporated city or town? YES\_\_\_\_ NO\_\_\_\_.
- 17) Will any other business be conducted with the business authorized by the license herein applied for? YES\_\_\_\_ NO\_\_\_\_. If answer is yes describe below kind of business .\_\_\_\_\_
- 18) Is the entire license fee paid by the applicant and by no other person? YES\_\_\_\_ NO\_\_\_\_.
- 19) 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.
- 20) Are the premises to be licensed and the entrance there to locate on the street level? YES\_\_\_\_ NO\_\_\_\_ If the 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\_\_\_\_.
- 21) Are you familiar with the fact that Kentucky Revised Statute 243.500 prohibits gambling on licensed premises? YES\_\_\_\_ NO\_\_\_\_.
- 22) 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\_\_\_\_, if answer is yes, attach a statement giving full details.
- 23) Do you know that under Kentucky law you are responsible for the acts of your employees on your licensed premises? YES\_\_\_\_ NO\_\_\_\_.

- 24) Have you a machine or device on your premises for which a \$250.00 Special Federal Excise Stamp has been purchased? YES \_\_\_ NO \_\_\_ If I purchase a \$50.00 Federal Gambling Stamp or \$250.00 Special Federal Excise Stamp or Possess a machine for which such stamp is required, I will notify the department within three days of the purchase of either.
- 25) If you are applying for a Private Club License, is the organization non-profit and have you maintained a room from which the general public has been excluded for at least one year? YES \_\_\_ NO \_\_\_.
- 26) If you are applying for a restaurant drink liquor license, do you receive the minimum of 50% of your income from the sale of food and do you have a minimum seating capacity of 100 people at tables? YES \_\_\_ NO \_\_\_ if answer is yes, attach a certificate from the fire Marshall's Office to show the seating capacity of your restaurant.
- 27) Will any other alcoholic beverage license or the owner of any part of another license issued by this department have either a direct or indirect interest, financial or otherwise, in this license, should it be issued? YES \_\_\_ No \_\_\_ if answer is yes explain in detail.
- 28) Attach a plat of the premises indicating the type of building, floor plan of business and attached dwelling units, dimensions of all rooms, exits and entrances (including basement), Dividing walls, rest rooms, dance/open areas, fire extinguishers, smoke detectors, kitchen(s), heating and cooling system sources, hot water source, gas and electric shutoff inside and outside of building, and the locations of any hazardous materials on the premises. If you have previously filed a plat and id there have been no changes since the filing, check here (\_\_\_). If you checked this item you do not have to file a new plat.

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STATE OF KENTUCKY

COUNTY OF

I, \_\_\_\_\_, of \_\_\_\_\_ do hereby solemnly swear or affirm that all statements made and information given in the application, accompanying documents and other materials are true and correct to the best of my knowledge, information and belief, and 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 read KRS 243.500 of the Alcoholic beverage Control Law relative to causes for revocation or suspension of license. I further understand that if I am granted an extended hour permit, which 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 a subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010. My Commission expires \_\_\_\_\_ . \_\_\_\_\_ . Notary Public.

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

Date \_\_\_\_\_, 2010 \_\_\_\_\_ for \_\_\_\_\_

City Alcoholic Beverage Adm. City of Dayton, Kentucky

DO NOT WRITE BELOW THIS LINE

- MAYOR \_\_\_\_\_
- POLICE DEPT \_\_\_\_\_
- FIRE DEPT \_\_\_\_\_
- BLDG INSP \_\_\_\_\_
- CITY CLERK \_\_\_\_\_