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|  | City of Dayton, Kentucky  514 Sixth Avenue, Dayton, Kentucky 41074  Phone (859) 491-1740 Fax: (859) 491-3538  Website: www.DaytonKY.com |

Alcohol License Application

All Licenses Expire on June 30 of Each Year and Applicants Must Re-Apply

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| I. APPLICANT INFORMATION | | | |
| Name: | | | |
| D/B/A:  SSN:  Phone: | | | |
| Premises Address: | | | |
| Mailing Address: | | | |
| Premises Phone No.: | | Contact Name/Phone No.: | |
| Fax No.: | | Email Address: | |
| II. LICENSE(S) REQUESTED | | | |
| **Check the license type(s) for which the applicant is applying:** | | | |
| **# of License(s) Requested?** | **Type of License** | | **License Fee Amount**  **License Requested (Yes/No)** |
|  | NQ-4 Retail Malt Beverage License | | $157.50 (Renewal) / $200 (New) |
|  | NQ Malt Beverage License | | $157.50 (Renewal) / $200 (New) |
|  | Quota Retail Drink License | | $708.75 |
|  | Quota Retail Package License | | $630 |
|  | Wholesalers Distilled Spirits License | | $420 |
|  | NQ-2 Retail Drink License (hotel, airport, riverboat) | | $866.25 |
|  | NQ-2 Retail Drink License (restaurant) | | $472.50 |
|  | NQ-3 Retail Drink License (clubs or lodges) | | $236 |
|  | Special Sunday Retail Drink License | | $262.50 |
|  | ***Extended Hours Permit*** (**# of licenses = \_\_\_\_)** | | $105 per license |
|  | ***Temporary License*** - NQ-4 Retail Malt Beverage **(# of months = \_\_\_\_)** | | $26.25 per month |
|  | ***Temporary License*** - NQ Malt Beverage License (**# of months = \_\_\_\_)** | | $26.25 per month |
|  | ***Temporary License*** - All other licenses **(# of months = \_\_\_\_)** | | $166.66 per month |
|  | ***Transfer of License(s)*** - (**# of licenses = \_\_\_\_)** | | $25 per license |
| **Grand Total (Enclose Fee for same amount): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| III. ADDITIONAL INFORMATION | | | |
| **Please include the following documents with the signed application:**  1. Alcohol Sales License Fee (as calculated in section II.)  2. Copy of Kentucky State ABC License Application and issued License(s) | | | |
| IV. AFFIDAVIT & SIGNATURE: ZIP Code: | | | |
| State of Kentucky :  County of Campbell :  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 relative to the 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 and subscribed before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public, Kentucky At Large **Internal Use Only:** The foregoing Application is Approved/Denied.  Notary ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_ City ABC Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |