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| A close up of a sign  Description automatically generated | City of Dayton, Kentucky  514 Sixth Avenue, Dayton, Kentucky 41074  Phone (859) 491-1600 Fax: (859) 491-3538  Website: www.DaytonKY.com |

Alcohol License Application

All Licenses Expire on November 30 of Each Year & Applicants Must Re-Apply – Include copy of initial State Application or Renewal Documents and issued License(s).

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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)** | **Type of License** | | **License Fee Amount**  **License Requested (Yes/No)** |
|  | Distiller’s License | | $250 |
|  | Rectifier’s License – Class A | | $1,500 |
|  | Rectifier’s License – Class B | | $430 |
|  | Wholesaler’s distilled spirits & wine license | | $420 |
|  | Quota Retail Package License (Liquor Stores) | | $630 |
|  | Quota Retail Drink License (Bars/Taverns) | | $708.75 |
|  | Special Temporary License (per event) | | $166.66 |
|  | NQ1 Retail Drink License (includes distilled spirits, wine and malt beverages) | | $708.75 |
|  | NQ2 Retail Drink License (includes distilled spirits, wine and malt beverages) | | $866.25 |
|  | NQ3 Retail Drink License (includes distilled spirits, wine and malt beverages) | | $300.00 |
|  | Special Temporary Auction License (distilled spirits and wine) | | $26.25 |
|  | Special Sunday Retail Drink License | | $262.50 |
|  | Extended Hours Supplemental License ( # Per License) | | $105 |
|  | Caterer’s License | | $400 |
|  | Bottling House or Bottling House Storage License | | $500 |
|  | Brewer’s License | | $250 |
|  | Microbrewery License | | $250 |
|  | Malt Beverage Distributor’s License | | $400 |
|  | NQ Retail Malt Beverage Package License\* | | $200 |
|  | NQ4 Retail Malt Beverage Drink License\* | | $200 |
|  | Limited Restaurant License (includes distilled spirits, wine and malt beverages) | | $866.25 |
|  | Authorized Public Consumption License | | $125 |
|  | Qualified Historic Site License | | $515 |
|  | ***Transfer of License(s)*** - (**# of licenses = \_\_\_\_)** | | $25 per license |
|  | *\* Pursuant to KRS 243.070(18), the holder of a Non-Quota Retail Malt Beverage Package License may obtain a Non-Quota Type 4 Malt Beverage Drink License for a fee of fifty dollars ($50). The holder of a Non-Quota Type 4 Malt Beverage Drink License may obtain a Non-Quota Retail Malt Beverage Package License for a fee of fifty dollars ($50).* | | |
| **Grand Total (Enclose Fee for same amount): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| III. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |