

INSTRUCTIONS FOR CITY OF OWENSBORO ABC APPLICATION

- For a new business, a City of Owensboro Business License Application must be completed and returned with the appropriate fee attached to this Application Form.
- Advertise the intent to apply for an ABC license(s) one-time in the Messenger-Inquirer. Attach the newspaper advertisement to your application, with the date clearly visible.
- Complete the Kentucky ABC online application *All properties identified in the application for an alcohol license are subject to inspection during the application approval process.*

The following City ABC license fees are listed at the “full year rate”:

Bottling House Storage	\$ 1,000.00	Special Sunday Retail Drink	\$ 300.00
Brewer Malt Beverage	\$ 300.00	Quota Retail Package	\$ 849.00
Caterer	\$ 550.00	Quota Retail Drink	\$ 910.00
Distiller	\$ 500.00	NQ-1 Retail Drink	\$ 2,000.00
Malt Beverage Distributor	\$ 300.00	NQ-2 Retail Drink	\$ 1,000.00
Microbrewery	\$ 400.00	NQ-3 Retail Drink	\$ 300.00
Retail Malt Beverage Package	\$ 180.00	Temporary Auction	\$ 100.00
Retail Malt Beverage Drink	\$ 180.00	Temporary Beer	\$ 25.00
Extended Hours Supplemental	\$ 1,500.00	Temporary Wine	\$ 50.00
Rectifier Distilled Spirits or Wine	\$ 1,100.00	Temporary Beer, Wine, Liquor	\$ 166.66
Wholesaler Distilled Spirits & Wine	\$ 1,500.00	Other	

If you have questions concerning this application call (270) 687-8321

ALCOHOLIC BEVERAGE CONTROL APPLICATION FORM

(270) 687-8321

www.owensboro.org

City of Owensboro, Kentucky
101 E 4th Street; P. O. Box 10003, Owensboro, Kentucky 42302-9003

SECTION ONE:

Name of Applicant: _____

d/b/a: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ Local Manager _____

Email Address: _____ Desired Opening Dated _____

Does the Applicant Understand the Laws Affecting the Sale of Alcoholic Beverages? YES NO

SECTION TWO:

Complete the following for the business proprietor, partner(s), and all persons having an interest in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. If privately held, show 100% of the ownership. If publicly traded, list the three highest-ranking officers and any natural person who owns ten (10) percent or more. If a non-profit, list the highest-ranking director or officer. Attach additional pages as needed.

NAME AND HOME ADDRESS	PHONE NUMBERS HOME WORK CELL	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP (If applicable)
				Y/N		
				Y/N		
				Y/N		

SECTION THREE:

1. Does the applicant have ownership of the premises by lease, permit, management agreement, or land contract YES NO for the entire license period?

Attach a legal description of the boundaries of the premises (i.e. drawings, blue prints, a deed, or metes etc.)

2. Does the applicant or any person named in Section C have 10% interest or more in any alcohol license type? YES NO (804 KAR 4:015)

3. Has the applicant or any person named in Section C been convicted of any felony, been released from YES NO felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years? (KRS 243.100(1) (a))

4. Has the applicant or any person named in Section C been convicted of a misdemeanor directly or YES NO indirectly related to alcohol or a controlled substance within the past two (2) years? (KRS 243.100(1) (b) and (c))

SECTION FOUR:

Please check which license(s) you are applying for:

Bottling House Storage		Special Sunday Retail Drink	
Brewer Malt Beverage		Quota Retail Package	
Caterer		Quota Retail Drink	
Distiller		NQ-1 Retail Drink	
Malt Beverage Distributor		NQ-2 Retail Drink	
Microbrewery		NQ-3 Retail Drink	
Retail Malt Beverage Package		Temporary Auction	
Retail Malt Beverage Drink		Temporary Beer	
Extended Hours Supplemental		Temporary Wine	
Rectifier Distilled Spirits or Wine		Temporary Beer, Wine, Liquor	
Wholesaler's Distilled Spirits & Wine		Other	

SECTION THREE:

Affidavit

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 hereby consent to the authority of the Alcoholic Beverage Control Administrator and his 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 or Statute involving disturbance of the peace or public disorder during the course of ne day's operation of the licensed premises.

Date of Application: _____ **Signature of Applicant:** _____

Approved: _____ **Dana Coomes, Alcoholic Beverage Control Administrator** _____ **Date** _____

Business Name _____

City Business License Account Number _____

Enclosed is check or money order # _____ for \$ _____

Make payable to the City of Owensboro and mail to P.O. Box 10003, Owensboro, KY 42302-9003.

Please bill my Visa MC DIS Account # _____ Amt \$ _____

Expiration _____ Security Code (3 digits on back of card)

Authorized Signature _____

Billing Address for Card _____

If paying by credit card, form may be faxed to 270-687-8526