

**CITY of UNION, KENTUCKY**  
**APPLICATION FOR ALCOHOL SALES LICENSE**

Applicant Name & Business Address (Please print)

Name: \_\_\_\_\_

DBA: \_\_\_\_\_

**Name of the Special Event:** \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_

State & Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**NEW APPLICATION**                       **RENEWAL APPLICATION**

Today's Date \_\_\_\_\_ 20\_\_\_\_

**LEAVE BLANK**

License No. (s) \_\_\_\_\_

Kind of License (1) \_\_\_\_\_

Kind of License (2) \_\_\_\_\_

Kind of License (3) \_\_\_\_\_

Date Received \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Issued \_\_\_\_\_

By \_\_\_\_\_

1. Amount of City license fee, **remitted herewith:** \$ \_\_\_\_\_ (see attached Schedule of Fees)
2. Period to be covered by license: from \_\_\_\_\_ 20 \_\_\_\_ through \_\_\_\_\_ 20 \_\_\_\_

All licenses are effective from December 1 through November 30 and must be renewed on an annual basis.

3. 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 & ADDRESS <small>(Give name and complete home address)</small>	Nature of Interest in Business or Official Position as business proprietor partner, director, etc.	Citizen of U.S. Yes/No	Date of Birth	Date Residence Established in Ky. if Kentucky Resident
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. (Check answers to both questions) Have any of the persons named in statement 3 had a license issued under any alcoholic control law revoked for cause within the last two years? YES \_\_\_ NO \_\_\_. At any time? YES \_\_\_ NO \_\_\_. If the answer to either question is yes, attach a statement giving full explanation of each such revocation.
5. (Check answers to both questions) Have any persons named in statement 3 been convicted of a felony or misdemeanor directly or indirectly attributable to the use, manufacture, sale or traffic in alcoholic beverages within the last 2 years? YES \_\_\_ NO \_\_\_. At any time? YES \_\_\_ NO \_\_\_. If any convictions have occurred at any time attach a statement giving a full explanation of each such conviction.
6. Has any relative, either by blood or marriage, of the applicant had an alcoholic beverage license revoked? YES \_\_\_ NO \_\_\_. If answer is yes, attach statement giving full details.
7. Has an alcoholic beverage license been revoked for these premises? YES \_\_\_ NO \_\_\_. If answer is yes, attach a statement giving a full explanation.
8. Have any of the persons named in the statement 3 had a license suspended or denied? YES \_\_\_ NO \_\_\_ If answer is yes, attach statement giving full details.
9. Were you licensed to sell distilled spirits and wine or beer at anytime during the past 12 months? YES \_\_\_ NO \_\_\_ If yes, give license # \_\_\_\_\_ Are you transferring this license to a new location? YES \_\_\_ NO \_\_\_
10. Have the premises been licensed for the sale of distilled spirits and wine or beer at anytime during the past 12 months? YES \_\_\_ NO \_\_\_. Are the premises now licensed? YES \_\_\_ NO \_\_\_ If yes, give license number and by whom \_\_\_\_\_.
11. 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 \_\_\_.
12. Is the applicant the owner of the premises to be licensed? YES \_\_\_ NO \_\_\_. If the answer is No, do you have a lease covering the full license period for the premises to be licensed? YES \_\_\_ NO \_\_\_. Also, if the answer is No, you must attach 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 the following information (on the next page):

Property Owner's Name \_\_\_\_\_ Address \_\_\_\_\_  
Age \_\_\_\_\_ Citizenship \_\_\_\_\_

13. Is the applicant a citizen of the United States? YES \_\_\_ NO \_\_\_

14. Is the applicant a resident of Kentucky? YES \_\_\_ NO \_\_\_ Date of residency \_\_\_\_\_

15. Will you, in good faith, abide by the laws of the United States; Commonwealth of Kentucky, and the ordinances of the City of Union relating to the traffic in spirituous, vinous and malt liquors? \_\_\_\_\_

16. I hereby consent to the retail sale of alcoholic beverage as defined by law on my property located at \_\_\_\_\_, \_\_\_\_\_, Kentucky.

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Signature)

17. Are the premises to be licensed located within an incorporated city or town? YES \_\_\_ NO \_\_\_

18. Will any other business be conducted in conjunction with the business authorized by the license herein applied for? YES \_\_\_ NO \_\_\_ If answer is yes, describe below kind of business: \_\_\_\_\_

19. Is the entire license fee paid by the applicant and by no other person? YES \_\_\_ NO \_\_\_

20. Are premises to be licensed on same street as, and within 200 feet of the nearest school, hospital, church or other place of worship? YES \_\_\_ NO \_\_\_ If yes, give distance from the nearest outside wall of the building on the licensed premises to nearest outside wall of the church or school building. \_\_\_\_\_

21. Are the premises to be licensed and the entrance thereto located on the street level? YES \_\_\_ NO \_\_\_ If 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 \_\_\_

22. 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.

23. Are you familiar with Kentucky Revised Statute 243.500, prohibiting gambling on licensed premises? YES \_\_\_ NO \_\_\_

24. 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 \_\_\_

25. Do you know that under Kentucky Law you are responsible for the acts of your employees on your licensed premises? YES \_\_\_ NO \_\_\_

### AFFIDAVIT

I, \_\_\_\_\_ of \_\_\_\_\_ do hereby solemnly swear or affirm that all statements made and information given in this application, accompanying documents and other materials are true and correct to the best of my knowledge, information and belief, 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 also read KRS 243.490-500 of the Alcoholic Beverage Control law relative to causes for revocation of suspension of license. I further understand that if I am granted an extended hours permit that 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 and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature) My Commission expires on \_\_\_\_\_  
Notary I.D. Number \_\_\_\_\_

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

Signature of approval \_\_\_\_\_ Date \_\_\_\_\_  
(ABC Administrator) City of Union, Kentucky