



ALCOHOLIC BEVERAGE CONTROL

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

PO BOX 207 / 117 S. MAIN STREET

CRITTENDEN, KY 41030

PHONE: 859.428.2597

WWW.CITYOFCRITTENDENKY.COM

BASIC LICENSE APPLICATION

LEAVE BLANK – FOR ABC USE ONLY

License # _____ \$ _____ License # _____ \$ _____ License # _____ \$ _____

License # _____ \$ _____ License # _____ \$ _____ License # _____ \$ _____

Reviewing Licensing Administrative Specialist: _____ Input Date: _____ Review Date: _____

Malt Beverage Administrator's Approval: _____ Date: _____

Distilled Spirits Administrator's Approval: _____ Date: _____

SECTION 1

Applicant's business / Company name: _____

DBA (Doing Business As): _____

Address of premises to be licensed: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email address: _____

Mailing address (If different from above): _____

Contact Person: _____ Contact Phone: _____

Fax: _____ Premises phone: _____ Fee enclosed: \$ _____

SECTION 2

Tax Numbers Must Be Issued In The Applicant's Name

KY Sales & Use Tax # _____ KY Withholding Tax # _____

KY Corporate Tax # _____ Federal EIN # _____

SECTION 3

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 private-held, how 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 & Home Address	All Phone Numbers	Last 4 Digits – SS #	Title	US Citizenship	Date of Birth	List State(s) where person resided in past 5 yrs	% of Ownership
	H: _____ W: _____ C: _____			Yes: _____ No: _____			%
	H: _____ W: _____ C: _____			Yes: _____ No: _____			%
	H: _____ W: _____ C: _____			Yes: _____ No: _____			%

SECTION 4

1. Is this a publicly-traded company? YES ☐ NO ☐
 - a. If yes, **attach** the original background checks for the three highest ranking officers and any person who owns ten percent (10%) or more interest.
 - b. If no, **attach** the criminal background checks for all persons listed in Section 3.
2. Does this applicant have ownership of the premises by lease, permit, management agreement, or land contract for the entire license period? YES ☐ NO ☐
 - a. **Attach** a legal description of the boundaries of the premises (i.e. drawings, blue prints, a deed, or metes and bounds etc.).
3. Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity? YES ☐ NO ☐
 - a. If YES:
 - i. Identify the state in which the applicant is incorporated or organized: _____
 - ii. **Attach** a copy of the applicant's Certificate of Existence of Certificate of Authority to do business in Kentucky.
 - iii. Identify and provide the address of the individual who is designated as the process agent to receive legal notifications: _____
4. Has the applicant or any person listed in Section 3 ever been licensed to sell alcoholic beverages? YES ☐ NO ☐
 - a. If yes, check the license type(s) and give the business name and state:

☐ Alcohol Producer: _____

☐ Distributor / Wholesaler: _____

☐ Retailer: _____

5. Does the applicant or any person named in Section 3 have 10% interest or more in any alcohol license type? (804 KAR 4:015) YES ☐ NO ☐
- a. If yes, please list or explain: _____
6. Has the applicant or any person named in Section 3 been convicted of any felony, been released from felony custody or felony incarceration, been or felony parole, or had a termination of felony probation within the past five (5) years? [(KRS 243.100(1)(a))] YES ☐ NO ☐
7. Has the applicant or any person named in Section 3 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? [(KRS 243.100(1)(b) and (c))] YES ☐ NO ☐
8. Has there ever been a suspension, denial, or revocation of any Kentucky alcoholic beverage license held by the applicant or by any person named in Section 3 of this application? YES ☐ NO ☐
- a. If yes, attach a statement giving a full explanation, including dates of suspension, denial, or revocation.
9. Are the premises currently licensed? YES ☐ NO ☐
- a. If yes, list the Kentucky License Number(s): _____
- i. Are the rights of an existing Quota Retail Package License or a Quota Retail Drink License being transferred? YES ☐ NO ☐
- ii. Is the applicant applying for a new Quota Retail Package License or a Quota Retail Drink License? YES ☐ NO ☐
- iii. Is the applicant acquiring an interest in the existing business? YES ☐ NO ☐
10. Will gasoline and lubricating oil be sold or will motor vehicles be serviced or repaired at the premises to be licensed? (KRS 243.088) YES ☐ NO ☐
- a. If yes, will an inventory of not less than \$5,000 in food, groceries, and related products be maintained? YES ☐ NO ☐
11. Will tobacco products, alternative nicotine products, or vapor products be sold at the premises to be licensed? (KRS 438.305) YES ☐ NO ☐
- a. If yes, check all products that will be sold:
- ☐ Tobacco Products ☐ Alternative Nicotine products ☐ Vapor Products



REQUEST FOR CONVICTION RECORDS - EMPLOYMENT/PROFESSIONAL LICENSE

Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

City of Crittenden P. O. Box 207 Crittenden, KY 41030

Agency/Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I am requesting that the Kentucky State Police provide the above named agency/organization with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
First Middle Last Maiden

ADDRESS: _____
Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature _____ Date _____ Witness _____ Date _____

INSTRUCTIONS:

Requesting agencies/organizations should ensure that all application information is completed.

Requesting agencies/organizations should forward a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$20.00** for each submitted form. Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency/organization and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal Records Dissemination Section
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>