**ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM**

**CITY OF SADIEVILLE, KENTUCKY**

**PO BOX 129, 605 PIKE STREET**

**SADIEVILLE KY 40370**

**Phone: (502) 857-4576 Fax: (502) 857-4555**

**Website:** [**www.sadievilleky.gov**](http://www.sadievilleky.gov)

**Jennifer Halsey, City of Sadieville ABC Administrator: sadievillepublicsafety@outlook.com**

**SECTION ONE** **Date\_\_\_\_\_\_\_\_\_**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Premises Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Premises Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2**

Types of Licenses:

Check the boxes for the type(s) of license(s) that you are applying for. To determine the ABC license fee(s), find the license type(s) in the left column.

**Please attach a check or money order made payable to:**

**“City of Sadieville”**

**Fee Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LICENSE TYPES**

**Malt Beverage License Fees Annual Fee**

* Non Quota Retail Malt Beverage Package $200.00
* Non Quota Type 4 Retail Malt Beverage $200.00

Drink License

**Distilled Spirits & Wine License Fees Annual Fee**

* Quota Retail Package License $1000.00
* Quota Retail Drink License $1000.00
* Non Quota Type 1 Retail Drink License $2000.00
* Non Quota Type 2 Retail Drink License $1000.00
* Non Quota Type 3 Retail Drink License $300.00
* Special Temporary License (Per Event) $166.00
* Special Temporary Alcohol Auction License (Per Event) $100.00
* Caterer’s License $800.00
* Bottling House or Bottling House Storage License $1000.00
* Brewer’s License $500.00
* Microbrewery License $500.00
* Malt Beverage Distributor’s License $400.00
* Non Quota Retail Malt Beverage Package License $200.00
* Non Quota Type 4 Retail Malt Beverage Drink License $200.00
* Limited Golf Course (liquor/wine/beer) $1200.00
* Limited Restaurant (liquor/wine/beer) $1200.00
* Qualified Historic Site License $1030.00
* Distiller’s License $500.00
* Wholesaler’s License $3000.00
* Recifier’s License, Class A $3000.00
* Rectifier’s License, Class B $960.00

\*\*Per KRS 243.060(4) the holder of a Non Quota Retail Malt Beverage Package License may obtain a Non Quota Type 4 Malt Beverage Drink License for an additional fee of fifty dollars ($50.00). The holder of a Non Quota Type 4 Malt Beverage Drink License may obtain a Non Quota Retail Malt Beverage Package License for an additional fee of fifty dollars ($50.00).

**SECTION THREE**

Affidavit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 are true and correct to the best of my knowledge, information and belief I confirm that I have received a copy of the Alcoholic Beverage Control Ordinance 2020-01 of the City of Sadieville and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/her 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 license 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 one day’s operation of the license premises.

Date of Application: \_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMONWEALTH OF KENTUCKY

STATE AT LARGE

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the foregoing document was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jennifer Halsey, ABC Administrator

**VERIFICATION OF FIRE CODE COMPLIANCE**

**Related To**

**Sadieville, Kentucky**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all types of licenses you are applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The remainder of this form must be completed by the Scott County Fire Department, 2200 Cincinnati Rd, Georgetown KY 40324. Phone: (502) 863-7854, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the premises listed above (does) (does not) meet the current, city adopted Fire and Life Safety Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Sadieville, Kentucky with the following conditions, if any:

Seating Requirement if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_

John Ward, Fire Chief

Jim Kanavy, Asst Fire Chief

Scott County Fire Department

Please provide the following documents:

* A photocopy of the advertisement publication. Ensure the publication name and date are visible.
* Kentucky ABC application that has been filed with the State of Kentucky.