

CITY OF BARDSTOWN, KENTUCKY
APPLICATION FOR ALCOHOLIC BEVERAGE TRADE LICENSE
Separate Application Required for each Location

Print Name and Mailing Address of Applicant (including DBA and Zip Code)

Deliver to: City Clerk, 220 North 5th Street, Bardstown, KY 40004, together with payment of the required fee.

Check One: \_\_\_\_\_ New Business \_\_\_\_\_ Change of Location
\_\_\_\_\_ Renewal \_\_\_\_\_ Change of Ownership

\*ZONING VERIFICATION: \_\_\_\_\_
Must be signed by Director of Planning & Zoning Office

\*Contact Planning and Zoning at One Court Square, Bardstown, KY 40004. Phone No. 502-348-1805.

This is an application for issuance of the following license(s). Check [x] all that are applicable:

(B) No person shall cause, permit, or engage in any of the actions, business, or transactions authorized by such city and state licenses within the city without both a valid city license and a valid state license therefore:

DISTILLED SPIRITS • WINE LICENSES • ANNUAL FEES

- Distiller ..... \$140.00
Distiller + Souvenir Retail Package..... \$290.00
Rectifier ..... \$140.00
Wholesaler ..... \$410.00
Bottling House or Bottling House Storage ..... \$400.00
Quota Retail Package..... \$210.00
Quota Retail Drink..... \$420.00
NQ-2 Retail Drink (includes Malt Beverage)..... \$490.00
NQ-3 Retail Drink (includes Malt Beverage)..... \$300.00
Special Sunday Retail Drink..... \$180.00
Caterer..... \$150.00

MALT BEVERAGE LICENSES • ANNUAL FEES

- Brewer's..... \$140.00
Microbrewery..... \$140.00
Distributor's ..... \$140.00
NQ Retail Package..... \$70.00
NQ-4 Retail Drink ..... \$70.00
NQ Retail Package + NQ-4 Retail Drink ..... \$120.00

All licenses not subject to a "batch renewal" shall be renewed annually with the City of Bardstown no later than April 30th. All licenses with batch renewals shall be renewed no later than August 31st of each year. Annual fees shall be paid before issuance of any license. The annual fee shall not be refunded for any portion of an unused license period.

\_\_\_\_\_ Seating Capacity

\_\_\_\_\_
Signature of City Fire Inspector

1. 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.

NAME AND COMPLETE HOME ADDRESS	Phone #	Nature of Interest in Business or Official Position (As Business Proprietor, Partner, Director, etc. and Social Security Number)	Citizen of U.S.? (Answer Yes Or No)	Date of Birth			Date Residence Established in KY if KY Resident		
				Month	Day	Year	Month	Day	Year
		SS #							
		SS #							
		SS #							
		SS #							

Note – if space above is inadequate, continue and complete on an attached sheet of paper.

2. Have any persons named in statement 1 had a license issued under any alcoholic control law revoked for cause at any time? YES\_\_\_\_\_ NO\_\_\_\_\_ *If answer is yes, attach a statement giving full explanation of each such revocation.*
3. Have any persons named in statement 1 been convicted of a felony or misdemeanor directly or indirectly attributable to the use, manufacture, sale of or traffic in alcoholic beverages at any time? YES\_\_\_\_\_ NO\_\_\_\_\_ *If any convictions have occurred at any time, attach a statement giving a full explanation of each such conviction.*
4. Has any relative, either by blood or marriage, of the applicant had an alcoholic beverage license revoked? YES\_\_\_\_\_ NO\_\_\_\_\_ *If answer is yes, attach a statement giving full details.*
6. Has an alcoholic beverage license been revoked for these premises? YES\_\_\_\_\_ NO\_\_\_\_\_ *If answer is yes, attach a statement giving a full explanation.*
7. Have any of the persons named in statement 1 had a license suspended or denied? YES\_\_\_\_\_ NO\_\_\_\_\_ *If answer is yes, attach a statement giving full details.*
8. Were you licensed to sell distilled spirits and wine at retail at any time during the past 12 months? YES\_\_\_\_\_ NO\_\_\_\_\_ *If yes, give State of Kentucky license number \_\_\_\_\_.*  
Are you transferring this license to a new location? YES\_\_\_\_\_ NO\_\_\_\_\_
9. Have the premises been licensed, at any time during the past 12 months, for the sale of distilled spirits, wine and/or malt beverages at retail? YES\_\_\_\_\_ NO\_\_\_\_\_ Are the premises now licensed? YES\_\_\_\_\_ NO\_\_\_\_\_ *If yes, give State of Kentucky license numbers \_\_\_\_\_ and by whom \_\_\_\_\_.*
10. 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\_\_\_\_\_
11. Is the applicant the owner of the premises to be licensed? YES\_\_\_\_\_ NO\_\_\_\_\_ *If answer is no, you must file a copy of your lease covering the full license period of the premises to be licensed. Give date lease expires \_\_\_\_\_.* If the applicant is not the owner of the premises to be licensed, give:  
Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_ Citizenship \_\_\_\_\_

- 12. Does applicant or applicant's employees, agents or stockholders have an interest of any kind in any alcoholic beverage business or the premises or any alcoholic beverage business other than that for which license is herein applied? YES \_\_\_\_\_ NO \_\_\_\_\_  
*If answer is yes, a statement must be attached describing in detail any such interest(s).*
- 13. (*Read carefully and answer completely*). Describe below the location of the premises to be licensed. Give street and number, or names of adjoining property owners.  
\_\_\_\_\_  
\_\_\_\_\_
- 14. Will any other business be conducted in conjunction with the business authorized by the license herein applied?  
YES \_\_\_\_\_ NO \_\_\_\_\_ *If answer is yes, describe below what kind of business* \_\_\_\_\_  
\_\_\_\_\_
- 15. Is the entire license fee paid by the applicant and by no other persons? YES \_\_\_\_\_ NO \_\_\_\_\_
- 16. 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 or premises with relation to other buildings.*
- 17. 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 \_\_\_\_\_
- 18. Are you familiar with the fact that Kentucky Revised Statute 243.500 prohibits gambling on licensed premises?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- 19. 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 \_\_\_\_\_
- 20. Do you know that under Kentucky Law you are responsible for the acts of your employees on your licensed premises?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- 21. Have you a machine or device on your premises for which a \$250.00 Special Federal Excise Stamp has been purchased?  
YES \_\_\_\_\_ NO \_\_\_\_\_ *If I purchase a \$50.00 Federal Gambling Stamp or \$250.00 Special Federal Excise Stamp or possess a machine for which a stamp is required, I will notify the city within three days of the purchase of either.*
- 22. Will any other alcoholic beverage licensee or the owner of any part of another license issued by the city have either a direct or indirect interest, financial or otherwise, in this license, should it be issued? YES \_\_\_\_\_ NO \_\_\_\_\_ *If answer is yes, explain in detail:*  
\_\_\_\_\_
- 23. Have you or any individual in your employment, at any time in the last 2 years, been cited of a felony or misdemeanor directly or indirectly attributable to the use, manufacture, sale of or traffic in alcoholic beverages? YES \_\_\_\_\_ NO \_\_\_\_\_  
*If answer is yes, list name and Social Security Number of individual cited:*  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Social Security Number
- 24. Have you applied for a business license with the City of Bardstown? YES \_\_\_\_\_ NO \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of person signing affidavit) (Title of position)

\_\_\_\_\_ do hereby solemnly swear  
(Name of Business)

or affirm that all statements contained in this application, together with all attachments, are true and correct to the best of my knowledge, information and belief, and further that in the conduct of the business authorized by the License(s) herein applied for, all laws, rules, regulations and ordinances will be strictly obeyed and understood that violation of same may constitute cause for revocation or suspension of the License(s).

Signature of Applicant \_\_\_\_\_

This certifies that the applicant herein named has been approved for the type of license(s) applied and for the premises specified.

*This license authorizes the search of the licensed premises by any peace officer at any time for any purpose; the removal therefrom of any evidence of any crime or other violation of any law; and the use thereof in any trial or hearing in regard thereto.*

Date \_\_\_\_\_ for Bardstown, KY.  
City Alcoholic Beverage Administrator

**HAVE YOU?**

- 1. Attached check or money order?  YES
- 2. Answered each question fully?  YES
- 3. Signed the application?  YES
- 4. Secured the approval of the local alcoholic beverage administrator?  YES
- 5. Obtained a City of Bardstown Business License?  YES