



Scott County Alcoholic Beverage Application

ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM

Scott County Government, Kentucky

PO Box 976, 101 East Main Street

Georgetown, Kentucky 40324

Phone: (502) 863-7887 Fax: (502) 863-7852

Website: www.scottky.gov

Michele Ray, Scott County ABC Administrator: michele.ray@scottky.gov

SECTION ONE

Name of Applicant _____

DBA _____

Premises Address _____

Mailing Address _____

Premises Phone No. _____ Contact Phone No. _____

Fax No. _____ Email Address _____

SECTION TWO

Types of Licenses:

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

**Please attach a certified check, cashier check or money order made payable to:
"SCOTT COUNTY TREASURER"**

Fee Enclosed: \$ _____

LICENSE TYPES

Malt Beverage License Fees

	<u>FULL YR FEE</u>	<u>HALF YR FEE</u>
<input type="checkbox"/> Non Quota Retail Malt Beverage Package	\$ 400.00	\$ 200.00
<input type="checkbox"/> Non Quota Type 4 Retail Malt Beverage Drink License	\$ 400.00	\$ 200.00

Distilled Spirits & Wine License Fees

	<u>FULL YR FEE</u>	<u>HALF YR FEE</u>
<input type="checkbox"/> Quota Retail Package License	\$ 1,000.00	\$ 500.00
<input type="checkbox"/> Quota Retail Drink License	\$ 1,000.00	\$ 500.00
<input type="checkbox"/> Non Quota Type 2 Retail Drink License (Restaurants)	\$ 1,000.00	\$ 500.00
<input type="checkbox"/> Non Quota Type 3 Retail Drink License (Special Private Club)	\$ 300.00	\$ 150.00
<input type="checkbox"/> Special Temporary License (Per Event)	\$ 166.00	\$ 83.00
<input type="checkbox"/> Special Sunday Retail Drink	\$ 300.00	\$ 150.00
<input type="checkbox"/> Limited Golf Course (liquor/wine/beer)	\$ 1,400.00	\$ 700.00
<input type="checkbox"/> Limited Restaurant (liquor/wine/beer)	\$ 1,400.00	\$ 700.00
<input type="checkbox"/> Qualified Historic Site License	\$ 1,030.00	\$ 515.00
<input type="checkbox"/> Supplemental Bar License	Same as Primary License	

**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 No. 19-11 of the Scott County Fiscal Court and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/hers 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 one day's operation of the licensed 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: _____
Michele Ray, Alcoholic Beverage Control Administrator Date

VERIFICATION OF FOOD SERVICE COMPLIANCE
Related to
Scott County, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant: _____
D/B/A: _____
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 Health Department, 300 East Washington Street, Kentucky, Phone: 502-863-3971, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above (has) (has not) obtained all necessary food service permits in order to comply with the Kentucky Food Service Code, with the following conditions, if any:

*Establishment will be required to comply with applicable Kentucky Food Service Establishment Act and State Retail Food code requirements prior to commencing operation.

Signed this _____ day of _____, 20 _____

Scott County Health Department Representative

VERIFICATION OF FIRE CODE COMPLIANCE
Related to
Scott County, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant: _____
D/B/A: _____
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 Road, Georgetown, Kentucky 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 Scott County Fiscal Court, 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