



CITY OF EDGEWOOD, 385 DUDLEY ROAD, EDGEWOOD, KENTUCKY 41017-2695

TEL: 859-331-5910 FAX: 859-331-5912

BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES

Applications may be returned if all questions are not answered completely.

Applicant's name(s) or company to be licensed _____

D.B.A. (Name of Business) _____

Address of premises to be licensed _____

City, State & ZIP Code _____

Mailing Address if different than above: _____

List all types of licenses you are applying for: _____

Period to be covered by the license(s) from _____ through _____

Are you the owner of the real estate where the premises are to be licensed? _____ YES or NO (If NO, attach a copy of your lease)

1. Is the applicant a corporation, limited partnership, or limited company, in good standing with the Kentucky Secretary of State? YES NO

List the State incorporated or organized in _____

2. Is the entire License fee paid by the applicant and by no other person? YES NO

3. A. Has the applicant or any person named in item 4 been convicted of any felony YES NO

B. Has the applicant or any person named in item 4 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance? YES NO

If yes, to either question attach a statement giving a full explanation, including dates of conviction(s).

4. Are the premises currently licensed? YES NO

If yes, give the name on the existing license _____

AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR ABC LICENSE(S)

I, _____ (___ buyer or ___ new applicant), do hereby swear or affirm that all statement; contained in this application and all its attachments are true and correct to the best of my knowledge, information or belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I will abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

Signature of buyer or new applicant. _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, year of _____ My commission expires _____

Notary Public _____