



ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM

City of Cave City, Kentucky
103 Duke St. – PO Box 567
Cave City, Kentucky 42127

Phone: (270)773-2188 Fax: (270) 773-4522

Website: cavecity.ky.gov

Bonita Hendren, ABC Administrator bhendren@caveland.net

SECTION ONE:

Date: _____

Name of Applicant: _____

D/B/A: _____

Premises Address: _____

Mailing Address: _____

Premises Phone No.: (____) _____ Contact Phone No.: (____) _____

Fax No. :(____) _____ Email address: _____

All documents must be originals and only accepted by hand delivery or mail. The following documents are required with city application:

1. Verification of Food Service Compliance
2. Verification of Fire Code Compliance
3. Verification of Building Code Compliance
4. State Application and all documents required by state.

SECTION TWO:

Types of Licenses and Fees:

Check the boxes for the type(s) of license(s) you are applying for. To determine the ABC license fee(s), find the license type(s) in the left column. **Attach a certified check, cashier check, or money order made payable to: City of Cave City.**

Fee Enclosed \$ _____

Application Fee (Nonrefundable) \$50.00

SECTION TWO

LICENSE TYPE	FULL YEAR FEE	HALF YEAR FEE
	Pay this amount Sept 1 – Feb 28	Pay this Amount Mar 1 – Aug 31
<u>Malt Beverage Licenses Fees</u>		
<input type="checkbox"/> NON QUOTA RETAIL MALT BEVERAGE PACKAGE LICENSE	200.00	100.00
<input type="checkbox"/> NON QUOTA TYPE 4 RETAIL MALT BEVERAGE DRINK LICENSE	200.00	100.00
<input type="checkbox"/> MICRO BREWERY LICENSE	500.00	250.00
<input type="checkbox"/> BREWER'S LICENSE	500.00	250.00
<input type="checkbox"/> MALT BEVERAGE DISTRIBUTOR'S LICENSE	400.00	200.00
<input type="checkbox"/> MALT BEVERAGE BREW-ON-PREMISES LICENSE	100.00	50.00

Distilled Spirits & Wine License Fees

<input type="checkbox"/> QUOTA RETAIL PACKAGE LICENSE	1000.00	500.00
<input type="checkbox"/> QUOTA RETAIL DRINK LICENSE	1000.00	500.00
<input type="checkbox"/> EXTENDED HOURS SUPPLEMENT LICENSE	2000.00	1000.00
<input type="checkbox"/> NON QUOTA TYPE 2 RETAIL DRINK LICENSE (RESTAURANTS)	1000.00	500.00
<input type="checkbox"/> SPECIAL SUNDAY SALE RETAIL DRINK	300.00	150.00
<input type="checkbox"/> DISTILLED SPIRITS AND WINE SPECIAL TEMPORARY AUCTION LICENSE	200.00	Per event
<input type="checkbox"/> SPECIAL TEMPORARY LICENSE PER EVENT	166.00	
<input type="checkbox"/> DISTILLER'S LICENSE	500.00	250.00
<input type="checkbox"/> RECTIFIER'S LICENSE	3000.00	1500.00
<input type="checkbox"/> WHOLESALE'S DISTILLED SPIRITS AND WINE LICENSE	3000.00	1500.00
<input type="checkbox"/> NON QUOTA TYPE 3 (SPECIAL PRIVATE CLUB)	300.00	150.00
<input type="checkbox"/> BOTTLING HOUSE OR BOTTLING HOUSE STORAGE	1000.00	500.00
<input type="checkbox"/> LIMITED RESTAURANT (liquor/wine/beer)	1200.00	600.00
<input type="checkbox"/> LIMITED GOLF COURSE (liquor/wine/beer)	1200.00	600.00
<input type="checkbox"/> CATERERS LICENSE	800.00	400.00
<input type="checkbox"/> NON QUOTA TYPE 1 RETAIL DRINK LICENSE (CONVENTION CENTER)	2000.00	1000.00

The holder of a nonquota retail malt beverage package license may obtain a nonquota type 4 malt beverage drink license for a fee of fifty dollars (\$50). The holder of a nonquota type 4 malt beverage drink license may obtain a nonquota retail malt beverage package license for a fee of fifty dollars (\$50)

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, 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: _____
Bonita Hendren, Alcoholic Beverage Control Administrator Date

VERIFICATION OF FOOD SERVICE COMPLIANCE
Related to
City of Cave City, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant: _____
D/B/A: _____
Business Address: _____
Mailing Address: _____
Phone No.: (____) _____ Cell Phone No.: (____) _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the **Barren County Health Department, 318 West Washington Street, Glasgow, Kentucky 42141**, Phone: 270-651-8321, 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 _____

Barren County Health Department Representative

VERIFICATION OF FIRE CODE COMPLIANCE
Related to
City of Cave City, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant: _____
D/B/A: _____
Business Address: _____
Mailing Address: _____
Phone No.: (____) _____ Cell Phone No.: (____) _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the **City of Cave City Fire Chief, PO Box 567 Cave City, Kentucky 42127**, Phone: 270-773-2040, 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 Cave City, Kentucky with the following conditions, if any:

Seating Requirement if applicable: _____

Signed this _____ day of _____, 20 _____

Kevin Jandt, City of Cave City Fire Chief

VERIFICATION OF BUILDING CODE COMPLIANCE AND ZONING STATUS
Related to
City of Cave City, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant: _____
D/B/A: _____
Business Address: _____
Mailing Address: _____
Phone No.: (____) _____ Cell Phone No.: (____) _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the **City of Cave City Code Enforcement Officer, PO Box 567, Cave City, Kentucky, 42127 Phone: 270-773-2188, before submitting your application for an Alcoholic Beverage License.**

Zoning Designation: _____

Address of premises to be licensed: _____

This is to certify that the premises listed above (does) (does not) meet all applicable Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Cave City, Kentucky with the following conditions, if any:

Signed this _____ day of _____, 20 _____

Robert Smith, City Code Enforcement Officer