



ALCOHOLIC BEVERAGE CONTROL RENEWAL FORM

City of Cave City, Kentucky

103 Duke St., P.O. Box 567

Cave City, KY 42127-0567

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

Bonita Hendren, ABC Administrator,

Email: bhendren@caveland.net

Date: _____

SECTION ONE:

Name of Applicant: _____

D/b/a: _____

Business Address: _____

Mailing Address: _____

Business License No. _____

Phone No.: (____) _____

E-mail address: _____

SECTION TWO:

Types of Licenses and Fees:

Check the boxes for the type(s) of license(s) you are renewing.

Attach a certified check, cashier check, or money order made payable to: CITY OF CAVE CITY.

Fee Enclosed \$ _____

LICENSE TYPE

Malt Beverage Licenses Fees

<input type="checkbox"/>	NON QUOTA RETAIL MALT BEVERAGE PACKAGE LICENSE	200.00
<input type="checkbox"/>	NON QUOTA TYPE 4 RETAIL MALT BEVERAGE DRINK LICENSE	200.00
<input type="checkbox"/>	MICRO BREWERY LICENSE	500.00
<input type="checkbox"/>	BREWER'S LICENSE	500.00
<input type="checkbox"/>	MALT BEVERAGE DISTRIBUTOR'S LICENSE	400.00
<input type="checkbox"/>	MALT BEVERAGE BREW-ON-PREMISES LICENSE	100.00

Distilled Spirits & Wine License Fees

<input type="checkbox"/>	QUOTA RETAIL PACKAGE LICENSE	1,000.00
<input type="checkbox"/>	QUOTA RETAIL DRINK LICENSE	1,000.00
<input type="checkbox"/>	EXTENDED HOURS SUPPLEMENT LICENSE	2,000.00
<input type="checkbox"/>	NON QUOTA TYPE 2 RETAIL DRINK LICENSE (RESTAURANTS)	1,000.00
<input type="checkbox"/>	SPECIAL SUNDAY SALE RETAIL DRINK	300.00
<input type="checkbox"/>	ISTILLED SPIRITS AND WINE SPECIAL TEMPORARY AUCTION LICENSE	200.00
<input type="checkbox"/>	SPECIAL TEMPORARY LICENSE PER EVENT	166.00
<input type="checkbox"/>	DISTILLER'S LICENSE	500.00
<input type="checkbox"/>	RECTIFIER'S LICENSE	3,000.00
<input type="checkbox"/>	WHOLESALER'S DISTILLED SPIRITS AND WINE LICENSE	3,000.00
<input type="checkbox"/>	NON QUOTA TYPE 3 (SPECIAL PRIVATE CLUB)	300.00
<input type="checkbox"/>	BOTTLING HOUSE OR BOTTLING HOUSE STORAGE	1,000.00
<input type="checkbox"/>	LIMITED RESTAURANT (liquor/wine/beer)	1,200.00
<input type="checkbox"/>	LIMITED GOLF COURSE (liquor/wine/beer)	1,200.00
<input type="checkbox"/>	CATERERS LICENSE	800.00
<input type="checkbox"/>	NON QUOTA TYPE 1 RETAIL DRINK LICENSE (CONVENTION CENTER)	2,000.00

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:

The numbers listed below are based upon sales figures for the time period beginning on September 1, and ending on August 31 of the past year.

GROSS ANNUAL RECEIPTS FROM THE SALE OF:

FOOD	\$ _____	_____ %
ALCOHOLIC BEVERAGES	\$ _____	_____ %
TOTAL	\$ _____	_____ %

SECTION FOUR: Affidavit

I, _____ 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 therein plus the questions responded to above are true and correct to the best of my knowledge, information and belief. I further understand that in accordance with Article VII of the Alcoholic Beverage Control Ordinance No. 05-12-12 of the City of Cave City, Kentucky, I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his 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: _____

NOTARY

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 _____, _____.

NOTARY PUBLIC

My Commission Expires _____

Approved: _____
Bonita Hendren, ABC Local Administrator

Date Approved