

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE  
CITY OF HURSTBOURNE, KENTUCKY**

**DATE SUBMITTED** \_\_\_\_\_

**LICENSE EFFECTIVE DATE:** \_\_\_\_\_  
If new license(s) request only, please specify date desired

**NAME OF APPLICANT** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS TELEPHONE** \_\_\_\_\_

FOR CITY USE ONLY:
Date received
Type of license issued
Date approved
Date issued
Notes

**IF ESTABLISHMENT TO BE LICENSED IS DOING BUSINESS UNDER A DIFFERENT NAME, ADDRESS OR TELEPHONE NUMBER, PLEASE SPECIFY DBA:**

**TYPE OF LICENSE REQUESTED ( Check appropriate Box / Line )**

SCHEDULE OF RENEWAL FEES                      SELECTED LICENSE FEES

- |  |            |       |
|--|------------|-------|
| <input type="checkbox"/> <b>NQ-2 - Retail Drink License (KRS 243.084)</b>  | \$1,800.00 |       |
| Specify the business type:   |            |       |
| ___ Restaurant - Minimum 50% gross annual income from food sales and minimum seating capacity of 100 at tables   |            |       |
| ___ Restaurant Wine and Beer Only - Minimum 50% of gross annual income from food sales and minimum seating capacity of 50 persons at tables  |            |       |
| ___ Motel/Hotel- Minimum 50p sleeping rooms, 25,000 sq ft of parking, and maintain restaurant with 50% food sales and minimum seating capacity of 100 people at tables                                 |            |       |
| <input type="checkbox"/> Midnight to 2:00 am   | \$250.00   |       |
| <input type="checkbox"/> <b>NQ-3 - Retail Drink License (KRS 243.086)</b>  | \$300.00   |       |
| ___ Private Club, Nonprofit charitable, civic, social, fraternal organization, or political club which has maintained a room from which the general public has been excluded for at least one (1) year |            |       |
| <input type="checkbox"/> <b>NQ-4 - Retail Malt Beverage Drink License (KRS 243.088)</b>  | \$200.00   |       |
| <input type="checkbox"/> Midnight to 2:00 am   | \$50.00    |       |
| <input type="checkbox"/> <b>Limited Restaurant License (KRS 243.034)</b>   | \$1,800.00 |       |
| Specify the business type:   |            |       |
| ___ LR100 - Minimum 70% food sales and minimum seating capacity of 100 persons at tables   |            |       |
| ___ LR50 - Minimum 70% food sales and minimum seating capacity of 50 persons at tables   |            |       |
| <input type="checkbox"/> <b>Limited Golf Course License (KRS 243.039)</b>  | \$1,800.00 |       |
| <input type="checkbox"/> <b>Special Sunday Retail Drink License (KRS 244.290, KRS 243.050)</b>   | \$300.00   |       |
| <input type="checkbox"/> <b>Supplemental Bar License (KRS 243.037, KRS 241.010)</b>  | \$1,800.00 |       |
| <input type="checkbox"/> <b>Quota Retail Malt Beverage Package License (KRS 243.280)</b>   | \$200.00   |       |
| <input type="checkbox"/> Midnight to 2:00 am   | \$50.00    |       |
| <input type="checkbox"/> <b>Quota Retail Package Distilled Spirits and Wine (KRS 243.240)</b>  | \$1,200.00 |       |
| <input type="checkbox"/> Midnight to 2:00 am   | \$200.00   |       |
| <input type="checkbox"/> <b>Special Temporary License, per event (KRS 243.260)</b>   | \$266.66   | _____ |

**TOTAL OF APPLICABLE LICENSE FEES:** \_\_\_\_\_

**SUPPORTIVE INFORMATION**

A copy of your completed State of Kentucky Application(s) for the license(s) requested, including a copy of all attachments,

will serve as supportive information for this application. The APPLICANT IS RESPONSIBLE for furnishing legible copies with this application in addition to their original State application(s). Each copy shall be considered a part of the City of Hurstbourne application.

AFFIDAVIT

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

of \_\_\_\_\_, \_\_\_\_\_  
(Name of applicant) (Printed Name of person signing affidavit)

do hereby solemnly swear that all statements made and information given in this application, accompanying documents and other materials are true and correct to the best of my knowledge, information and belief, and that I am familiar with all laws, rules and regulations governing the business for which application is made, and that in the conduct of the business authorized by the license herein applied for all such laws, rules and regulations will be strictly obeyed, and that I have read KRS 243.500 of the Alcoholic Beverage Control Law relative to causes for revocation or suspension of license.

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**FOR CITY USE ONLY**

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

Date \_\_\_\_\_.

STATE OF KENTUCKY  
COUNTY OF JEFFERSON  
CITY OF HURSTBOURNE

\_\_\_\_\_  
Tyler Johnson  
Alcoholic Beverage Control Officer