

**OLDHAM COUNTY, KENTUCKY  
ALCOHOLIC BEVERAGE CONTROL APPLICATION**

Oldham County Police Department  
1855 North Highway 393  
LaGrange, Kentucky 40031  
Phone: (502) 222-1300 Fax: (502) 222 -5490  
Website: [www.oldhamcountypolice.com](http://www.oldhamcountypolice.com)  
Lieutenant Colonel W.B. Way, Assistant Chief of Police, ABC Administrator

Name of Applicant: \_\_\_\_\_

Date of Applicant Birth: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Desired Opening Date: \_\_\_\_\_

Limited Restaurant Alcoholic Beverage by the Drink Application Fees:

	New Applicants	Renewals
A. License issued July 1 through December 31 (full year)	? \$1,000.00	? \$750.00
License issued January 1 through June 30 (half year)	? \$ 500.00	? \$375.00
B. Limited Supplemental Bar (full year)	? \$1,000.00	? \$750.00
Limited Supplemental Bar (half year)	? \$ 500.00	? \$ 375.00
C. License Fee for Sunday Sales	? \$1.00	? \$1.00
D. Total Amount Due:	\$ _____	

**Note: All County ABC licenses expire on June 30<sup>th</sup> of each year.**

The numbers listed below are based upon projected sales figures for the time period beginning on July 1 and ending on June 30. New applicants will be required to submit a CPA Certification utilizing sales figures as part of their Quarterly Regulatory Reports during the first year of licensing.

GROSS ANNUAL RECEIPTS FROM THE SALES OF:

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

Number of Permanent Seats: \_\_\_\_\_ (Note: A drawing of the premises is required.)

Affidavit (signed in the presence of a Notary Public)

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 the Alcoholic Beverage Control Ordinance No. KOC 04-410-129 of Oldham County, Kentucky, I hereby consent to the authority of the Alcohol Beverage Control Administrator and their 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 of 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)

) SS

STATE AT LARGE )

)

This is to certify that the foregoing document was subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 2008.

NOTARY PUBLIC

My Commission expires: \_\_\_\_\_

**FOR ADMINISTRATOR USE ONLY**

This Application is APPROVED:

\_\_\_\_\_  
Lieutenant Colonel, Assistant Chief of Police, ABC Administrator

This Application is DENIED:

\_\_\_\_\_  
Lieutenant Colonel W.B. Way, Assistant Chief of Police, ABC Administrator

Date: \_\_\_\_\_