



CITY OF EDDYVILLE

Nancy Slaton
Mayor

Alcoholic Beverage Control

David S. Allison
Administrator

P O Box 744, Eddyville, KY 42038
(270) 388-2287 Fax (270) 388-5683

LICENSE APPLICATION FORM

Section One:

Name of Applicant: _____

d/b/a/: _____

Business Address: _____

Mailing address: _____

Section Two:

Fees: (fill in amount(s) from our attached schedule for each applicable license)

1. Distilled spirit licenses:
 - a) Distiller's license \$ _____
 - b) Rectifier's license \$ _____
 - c) Wholesaler's license (distilled spirits, wine) \$ _____
 - d) Quota retail package(distilled spirits, wine) \$ _____
2. Special Temporary License(distilled spirits, wine, malt) \$ _____
3. Nonquota Type 3 Retail Drink License(private club) \$ _____
4. Special Sunday Retail Drink \$ _____
5. Nonquota Retail Malt Beverage Package License \$ _____
6. Caterer's License \$ _____
7. Limited Golf Course(distilled spirits, wine, malt) \$ _____
8. Nonquota Type 2 Retail Drink License-restaurant,
hotel/motel, supplemental bar(spirits, wine, malt) \$ _____
9. Nonquota Type 4 Retail Malt Beverage Drink License \$ _____

- 10.Limited Restaurant License(spirits, wine, malt) \$ _____
- 11.Quota retail drink \$ _____
- 12.Nonquota type 1 retail drink-convention center, convention
hotel complex(distilled spirits, wine, malt) \$ _____
- 13.Distilled spirits, wine-special temporary auction \$ _____
- 14.Extended hours supplemental \$ _____
- 15.Bottling house of bottling house storage \$ _____
- 16.Brewer's License \$ _____
- 17.Microbrewery license \$ _____
- 18.Malt beverage distributor's license \$ _____
- 19.Malt beverage brew on premises license \$ _____

Total funds attached as payment: \$ _____

Section Three:

Affidavit of ownership:

Individual Name(s)	Title	Date of Birth	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section Four:

Premises: Is premises owned by applicant? Yes () No ()

If no is checked, complete the following and attach a copy of lease:

Owner of Premises: _____

Term of Lease: _____ Years: from: _____ to _____

