



CITY OF EDDYVILLE

John L. Choat
Mayor

Alcoholic Beverage Control

Jaime Green
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 _____

Section Five:

Resident Manager: Name: _____ SSN: _____

Business telephone number: _____

Section Six:

Affidavit:

I, _____ do hereby solemnly swear or affirm that I am aware that my state application is incorporated and made 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 section _____ of the Alcoholic Beverage Control Ordinance of the City of Eddyville, Kentucky, I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his investigator(s) for: (a) inspections and searches of the licensed premises listed above; (b) confiscation of articles found on said 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: _____

Printed name of Signer: _____

Applicant's Title: _____

COMMONWEALTH OF KENTUCKY)
)
COUNTY OF LYON)

This is to certify that the following document was subscribed and sworn to before me this _____ day of _____ 20 __ by _____.

NOTARY PUBLIC

My Commission Expires: _____

Approved: _____ Date: _____

David S. Allison,
Alcoholic Beverage Control Administrator