



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 RENEWAL APPLICATION

MAILING ADDRESS

PREMISES ADDRESS

Eddyville, Ky 42038

Eddyville, Ky 42038

Licensee Name:

Section One: (Amounts)

(ABC Use)

Title of License License Number Current Expiration Annual Fee Approved

Total Fee Due.....\$ _____

Total Amount Enclosed..... \$ _____

Section Two: (Holds and Delays)

Section Three: (Requirements)

- Have there been any changes in the past year which would require a new application or has anyone who has an interest in the license(s) been convicted of a Misdemeanor Offense directly related to Alcoholic Beverages or Controlled Substances or any type of Felony since this license was last renewed (or issued) ?

Yes: _____ No: _____ If yes, attach a full detailed statement explaining.

Section Four: Signature—Contact Numbers

Signature of Licensee: _____ Printed Name of Licensee: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

E-Mail Address: _____ Web Site: _____ Fax Number: _____

Section Five: Return)

To avoid losing your right to sell alcohol, return your renewal application at least 15 days prior to your expiration date to allow for processing.

- ✓ This form must be completed. Please be sure to check the signature and date.
- ✓ Enclose copy of LEASE if applicable. The lease must cover the entire license year.
- ✓ You MAY be asked to provide documentation regarding the percentage of alcohol sales (restaurants and package stores only)
- ✓ Return this LOCAL RENEWAL form and FEES to: David S. Allison
Alcoholic Beverage Control Administrator
P O Box 744
Eddyville, KY 42038

**** Please provide a copy of your current **KY State License** so I may issue your Local License.

Please do not send cash. A certified check, business check, or money order will be accepted.

Make payments to: City of Eddyville