

CITY OF SHIVELY
 3920 Dixie Highway
 Shively, Kentucky 40216
 502-449-5000 Fax 502-449-5004

LOCAL ABC ADMINISTRATOR:
 CONTACT:

Kenny Young
 Becky Roberson

The City of Shively will require the following information before your application(s) will be considered for approval:

- STEP 1.
- A). Contact the Metro Planning and Zoning Department, (502) 574-6230, to verify the property you want to license is zoned properly for the type of business you wish to operate. *Include written verification with City application(s).*
 - B). Mail application(s) to state Pretrial services for back ground check. *Attach results to City application(s).*
 - C). Complete the attached Shively application and make a copy for Shively of your state ABC attachments.
 - D). Obtain a certified check, cashier's check or a money order for the amount of your city fees payable to: CITY of SHIVELY. See the City fee chart on the first page of the Shively application.
- STEP 2. You must get the back of your state ABC application(s) signed by your Local City of Shively ABC Administrator. The City Administrator will collect your city application, copies of attachments and the local city fee(s). Bring your state application(s), state fee, and all attachments to the Kentucky ABC office for processing.

SELLING HOURS IN THE CITY LIMITS OF SHIVELY

LIQUOR AND BEER BY THE PACKAGE	6 A.M. TO 2 A.M. MONDAY-SATURDAY
LIQUOR AND BEER BY THE DRINK	6 A.M. TO 2 A.M. MONDAY-SATURDAY
EXTENDED HOURS LICENSEES	6 A.M. TO 4 A.M. MONDAY-SATURDAY
SUNDAY LIQUOR LICENSEES	1 P.M. TO 2 A.M. SUNDAYS
BEER SALES ON SUNDAYS	1 P.M. TO 2 A.M. SUNDAYS

**CITY OF SHIVELY APPLICATION FOR ALCOHOLIC BEVERAGE
 LICENSE TO SELL ALCOHOLIC BEVERAGE IN THE CITY OF SHIVELY, KENTUCKY**

Date applied _____

Business name _____

Address _____ Phone _____

Applicant's Name _____ Age _____

Address _____ Phone _____

1. License(s) applied for. Check all that apply:

A. Distilled Spirit license as set forth in KRS 243.030:

- | | | |
|--------------------------|--|---------------------|
| <input type="checkbox"/> | Distillers license | \$ 500.00 |
| <input type="checkbox"/> | Rectifier's license | \$ 500.00 |
| <input type="checkbox"/> | Blender's license | \$ 400.00 |
| <input type="checkbox"/> | Wholesaler's distilled spirits and wine license | \$ 2000.00 |
| <input type="checkbox"/> | Distilled spirits and wine retail package license | \$ 1100.00 |
| <input type="checkbox"/> | Distilled Spirits and wine retail drink license | \$ 1200.00 |
| <input type="checkbox"/> | Distilled spirits and wine retail drink license-extended | \$ 100.00 |
| <input type="checkbox"/> | Distilled spirits and wine special temporary license | \$ 167.00 per event |
| <input type="checkbox"/> | Special temporary wine license | \$ 25.00 per event |
| <input type="checkbox"/> | Distilled spirits and wine special temporary auction license | \$ 200.00 per event |
| <input type="checkbox"/> | Special private club license | \$ 300.00 |
| <input type="checkbox"/> | Distilled spirits and wine special Sunday retail drink license | \$ 300.00 |
| <input type="checkbox"/> | Extended hours supplemental license | \$ 2000.00 |
| <input type="checkbox"/> | Restaurant wine license | \$ 300.00 |
| <input type="checkbox"/> | Convention center or hotel complex | \$ 2000.00 |
| <input type="checkbox"/> | Bottling house distilled spirits license or wine storage license | \$ 1000.00 |
| <input type="checkbox"/> | Souvenir retail liquor license | \$ 1000.00 |

B. Malt Beverage licenses as follows:

- | | | |
|--------------------------|--|-----------|
| <input type="checkbox"/> | Brewer's license | \$ 500.00 |
| <input type="checkbox"/> | Microbrewery license | \$ 500.00 |
| <input type="checkbox"/> | Malt beverage distributor's license | \$ 300.00 |
| <input type="checkbox"/> | Retail malt beverage license | \$ 200.00 |
| <input type="checkbox"/> | Special temporary retail malt beverage license | \$ 25.00 |
| <input type="checkbox"/> | Malt beverage brew-on-premises license | \$ 100.00 |
| <input type="checkbox"/> | Malt beverage extended hours to 4 a.m. | \$ 25.00 |

2. Total amount of license fee(s) included with application \$ _____

3. Period to be covered by license starting:

month _____ day _____ year _____ to
 month _____ day _____ year _____

4. Give the following information for the business proprietor, partner and all persons otherwise interested or who may become interested in the business to be licensed, and officers, directors and managerial employees if business is incorporated:

Name of Applicant	Home Address	Official Position	Citizen of US? (yes or no)	Date of Birth	Date of residence established in KY
<hr/>					
<hr/>					

5. Is the applicant the owner of the premises to be licensed? Yes No
If the answer is no, do you have a lease covering the full license period for the premises to be licensed? Yes No Date lease expires _____

If the applicant is not the owner of the premises to license, who is?
Name _____ Address _____ Age _____ Citizenship _____

6. Have any of the people in this statement had a license suspended, revoked or denied? Yes No
If yes, attach a statement giving full information.

7. Has an alcoholic beverage license been revoked for these premises? Yes No
If yes, attach a statement giving full information.

8. Have any of the persons named in the statement ever been convicted of a felony and/or misdemeanor directly or indirectly attributable to the use, manufacture, sale of or traffic in alcoholic beverages within the last two years? Yes No At any time? Yes No
If any convictions have occurred at any time attach a statement giving a full explanation of each conviction.

9. Is applicant a corporation? Yes No
If yes give state which you are incorporated _____
If not incorporated in Kentucky, is it authorized by the Secretary of State to do business in Kentucky? Yes No

10. Does applicant(s), employee(s), agent(s), or stockholders have any interest of any kind in any alcoholic beverage business or the premises of any alcoholic business, other than that for which the license herein applied for? Yes No
If yes, a statement must be attached describing in detail such interest.

11. Will any other business be conducted in conjunction with the business authorized by the license herein applied for? Yes No
If yes, describe the kind of business: _____

AFFIDAVIT

I, _____
Name of person signing affidavit Title

Name of applicant Social Security Number

do solemnly swear or affirm 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 and belief, 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 received and read the statement required by Section 39 of the Alcoholic Beverage Control Law of 1933 relative to causes for revocation of license.

Signature of person executing this affidavit

Signed, subscribed and sworn to before me this _____ day of _____, 200_____

Notary Public

Commission expires

This certifies that the applicant hereinabove named has been approved for the type of license applied for above and for the premises specified.

Signature of Local ABC Administrator

Date Signed

Date Issued

ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES RECORDS DIVISION
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381



pretrialcustomerservice@mail.aoc.state.ky.us

The process to obtain the information contained in the CourtNet Disposition System is as follows:

- Individuals** Requesting a record on yourself requires a \$10.00 fee (**check or money order**). Enclose a self addressed stamped envelope for a return reply.
- Nonprofit** Requesting a record on individuals requires a \$10.00 fee (**check or money order**) and your nonprofit number (Form #51-A-126). Your return envelope must be addressed with adequate postage, and the other envelope only needs the address of the person being checked.
- Health Care Housing Auth.**
- Licensing/ Others** A request for licensing purposes and on another person requires a \$10.00 fee (**check or money order**) and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked.
- Government** Government entities must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquires can be made on a continuation form.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services Records Division at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____

NAME: _____

DATE OF BIRTH: _____

MAIDEN OR ALIAS NAMES: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS. 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - If applicable.

Individual's Signature

Date

Non-Profit Number (Form 51-A-126), or Tax Exempt Number

E-mail address(sent to this e-mail only)

Would you like the CourtNet Records e-mailed? [] Yes [] No

Company

Telephone Number

Requestor/Contact Person

Please denote which purpose applies to this request:

___ Employment

___ Criminal Investigation

___ Screening Housing Applicants

___ Volunteer/Care over Juvenile

___ Licensing

___ Other (please explain) _____

Address

City, State, Zip