



**CITY OF SHIVELY**  
3920 Dixie Highway  
Shively, KY. 40216  
Ph# 502-449-5000 Fax# 502-449-5004  
[www.shivelyky.gov](http://www.shivelyky.gov)

LOCAL ABC ADMINISTRATOR: Kenny Young  
LOCAL ABC SECRETARY / LICENSING: Deana Baril

The city of Shively will require the following before your application(s) is approved:

- 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 background check. *Attach results to City application.*
  - (C) Complete the attached Shively application and submit with copies of your state ABC paperwork.
  - (D) Obtain certified check, cashier's check, or money order in the amount of your city fees payable to: CITY OF SHIVELY. See the city fee chart on page 2.
- 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 attachment and 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. SUNDAY-MONDAY
SUNDAY BEER SALES	1 P.M. TO 2 A.M. SUNDAY-MONDAY

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

Date Applied \_\_\_\_\_

Business Name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_

Applicants 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="radio"/> Distiller's license                                         | \$500.00  |
| <input type="radio"/> Rectifier's license                                         | \$500.00  |
| <input type="radio"/> Blender's license                                           | \$400.00  |
| <input type="radio"/> Distilled spirits and wine, wholesaler's                    | \$2000.00 |
| <input type="radio"/> Distilled spirits and wine retail package                   | \$1100.00 |
| <input type="radio"/> Distilled spirits and wine retail by the drink              | \$1200.00 |
| <input type="radio"/> Distilled spirits and wine retail by the drink-ext to 4 A.M | \$100.00  |
| <input type="radio"/> Distilled spirits and wine special temporary                | \$167.00  |
| <input type="radio"/> Special temporary wine, per event                           | \$25.00   |
| <input type="radio"/> Distilled spirits and wine temporary for auction items      | \$200.00  |
| <input type="radio"/> Private club temporary                                      | \$300.00  |
| <input type="radio"/> Distilled spirits and wine special Sunday retail drink      | \$300.00  |
| <input type="radio"/> Extended hours supplemental                                 | \$2000.00 |
| <input type="radio"/> Restaurant wine                                             | \$300.00  |
| <input type="radio"/> Convention center or hotel complex                          | \$2000.00 |
| <input type="radio"/> Bottling house distilled spirits or wine storage            | \$1000.00 |
| <input type="radio"/> Souvenir retail liquor license                              | \$1000.00 |

**B. Malt beverage licenses as follows:**

- |                                                              |          |
|--------------------------------------------------------------|----------|
| <input type="radio"/> Brewer's license                       | \$500.00 |
| <input type="radio"/> Microbrewery license                   | \$500.00 |
| <input type="radio"/> Malt beverage distributor's license    | \$300.00 |
| <input type="radio"/> Retail malt beverage                   | \$200.00 |
| <input type="radio"/> Special temporary retail malt beverage | \$25.00  |
| <input type="radio"/> Malt beverage brew-on-premises         | \$100.00 |
| <input type="radio"/> 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 with application starting:

Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ to

Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

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

Name of applicant	Home Address	official position	US Citizen?	D.O.B.	Date of residence Established in KY
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5. Is the applicant the owner of the premises to be licensed? Yes \_\_\_ No \_\_\_

IF no, when does the lease expire? \_\_\_\_\_

Who owns the property to be licensed?

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Citizenship \_\_\_\_\_

6. Have any if the people in this statement had a license suspended, revoked, or denied?

Yes \_\_\_ No \_\_\_\_\_

*If yes, attach statement giving full information*

7. Has an alcoholic beverage license been revoked from these premises in the past? Yes \_\_\_

\_\_\_\_\_ No \_\_\_\_\_

*If yes, attach statement giving full information.*

8. Have any of the persons in the statement ever been convicted of a felony and/or misdemeanor directly or indirectly attributable to the use manufacture, sale of traffic in alcoholic beverages within the last 2 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 business, other than that for which the license herein applied for? Yes \_\_\_

\_\_\_\_\_ No \_\_\_\_\_

11. Will any other business be conducted in conjunction with the business authorized by the license herein applied for? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes describe what kind of business:*

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**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 the application, accompanying documents and other materials are true and correct to the best of my knowledge and belief, that I 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 the affidavit

Signed, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
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