



CITY OF SHIVELY

3920 Dixie Highway
Shively, KY. 40216

Ph# 502-449-5000 Fax# 502-449-5004

www.shivelyky.gov

LOCAL ABC ADMINISTRATOR: Kumar Rashad, EMAIL: kumar.rashad@shivelyky.gov
LOCAL ABC SECRETARY / LICENSING: Deana Baril, EMAIL: deana.baril@shivelyky.gov

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 12 A.M. MONDAY-SATURDAY
LIQUOR AND BEER BY THE DRINK	6 A.M. TO 12 A.M. MONDAY-SATURDAY
LIQUOR AND BEER BY PACKAGE EXTENDED	12 A.M. TO 2 A.M. ALL DAYS OF THE WEEK
EXTENDED HOURS LICENSEES (by the drink)	12 A.M. TO 4 A.M. ALL DAYS OF THE WEEK
SUNDAY LIQUOR LICENSEES	1 P.M. TO 12 A.M. SUNDAY-MONDAY
SUNDAY BEER SALES	1 P.M. TO 12 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:

- Distiller's license \$500.00
- Rectifier's license \$500.00
- Blender's license \$400.00
- Distilled spirits and wine, wholesaler's \$2000.00
- Distilled spirits and wine retail package \$1100.00
- Distilled spirits and wine retail by the drink \$1200.00
- Distilled spirits and wine retail by the drink-EXTENDED
hours 12 a.m. to 4 a.m. \$100.00
- Distilled spirits and wine special temporary \$167.00
- Special temporary wine, per event \$25.00
- Distilled spirits and wine temporary for auction items \$200.00
- Private club temporary \$300.00
- Distilled spirits and wine special Sunday retail drink \$300.00
- Extended hours supplemental \$2000.00
- Restaurant wine \$300.00
- Convention center or hotel complex \$2000.00
- Bottling house distilled spirits or wine storage \$1000.00
- Souvenir retail liquor license \$1000.00

B. Malt beverage licenses as follows:

- Brewer's license \$500.00
- Microbrewery license \$500.00
- Malt beverage distributor's license \$300.00
- Retail malt beverage \$200.00
- Special temporary retail malt beverage \$25.00
- Malt beverage brew-on-premises \$100.00
- Malt beverage-EXTENDED hours 12a.m. to 2a.m. \$25.00

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

***To be completed by ABC office:**

Period to be covered by license with application starting:

Month _____ day _____ year _____ to

Month _____ day _____ year _____

3. 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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4. 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 _____

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

Yes ___ No _____

If yes, attach statement giving full information

6. Has an alcoholic beverage license been revoked from these premises in the past? Yes ___

_____ No _____

If yes, attach statement giving full information.

7. 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.

8. 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 _____

9. 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 _____

10. 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:

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