



CITY OF NICHOLASVILLE
ALCOHOLIC BEVERAGE CONTROL
LICENSE APPLICATION

CITY OF NICHOLASVILLE
ALCOHOLIC BEVERAGE CONTROL
517 NORTH MAIN STREET, NICHOLASVILLE, KY 40356
(859) 885-1121 ext. 278 www.nicholasville.org

APPLICATION INSTRUCTIONS

Beginning November 1, 2013, the Kentucky Department of Alcoholic Beverage Control will not accept incomplete applications. A complete application must have approval from the City of Nicholasville Alcoholic Beverage Control Administrator prior to being submitted to the Kentucky Department of Alcoholic Beverage Control.

To obtain a copy of the Kentucky Department of Alcoholic Beverage Control Application, please visit their website: <http://abc.ky.gov/> or call the Kentucky Department of Alcoholic Beverage Control Office at: 502-564-4850.

Beginning November 1, 2013, the City of Nicholasville Alcoholic Beverage Control Office will not accept any incomplete applications. Any application submitted without all the listed requirements as outlined on the Kentucky Department of Alcoholic Beverage Control Application will be promptly returned with further instructions.*

Nicholasville Application Information:

- **Application:** Complete and submit a City of Nicholasville Alcoholic Beverage Control License Application in person or by mail to: City of Nicholasville Alcoholic Beverage Control Office, 517 North Main Street, Nicholasville, KY 40356. Applications submitted by fax will not be accepted. All applications **MUST** include the original *Kentucky State ABC License Application*, the *Affidavit*, a diagram/floor plan of the establishment, the *Final Inspection Form*, and payment in full. **If assistance is needed, please schedule an appointment to insure that office personnel can be available.**
- **Floor Plan:** Attach a copy of the floor plan for your building including all attached structures and parking areas of the entire licensed property. Be sure to show all seating for licenses requiring a minimum number of seats.
- **Final Inspection Form:** Use the *Final Inspection Form* to contact the departments listed on the *Final Inspection Form* to obtain their approval. Departments should be contacted in the order they are listed.
- **Fees:** Payment is determined by expiration set by Kentucky Dept of Alcoholic Beverage Control.
- **New Business Registration:** All new businesses must submit a *Jessamine County / Nicholasville Occupational License Fee Account Business Registration form*. (Form may be downloaded from the City of Nicholasville website; the form is under the Tax Office icon.)
- **Site Inspection:** City of Nicholasville ABC Office personnel will conduct a site inspection of the premises after a completed application packet has been received.
- **Investigative Process:** It will generally take 2 to 4 weeks after a completed alcoholic beverage control license application has been received to review and process the application.
- **License:** Once your city license is approved, you will receive a *Notice of Approval* along with a *City of Nicholasville Alcohol License* to notify you that the city license has been approved.



ALCOHOLIC BEVERAGE CONTROL

LICENSE APPLICATION FORM

CITY OF NICHOLASVILLE, KENTUCKY

517 N Main Street

Nicholasville, KY 40340

Phone: (859) 885-1121 Website: www.nicholasville.org

Jason Porch, ABC Investigator
Ronnie Fuller, ABC Investigator

jason.porch@nicholasville.org
ronnie.fuller@nicholasville.org

(859) 885-1121 Ext 278

SECTION ONE:

Name of Applicant: _____

D/B/A: _____

Mailing Address: _____

Premise Address: _____

Premise Phone #: (____) _____ **Contact Phone #:** (____) _____

Fax #: (____) _____ **Email Address:** _____

Name & Address of Property Owner: _____

SECTION TWO:

Types of Licenses and License Fees

Mark the appropriate box for each type of license(s) for which you wish to apply.

Check or money order payable to: CITY OF NICHOLASVILLE (when fee is determined)

Attach your original Kentucky State A.B.C. Application.

Return this form to the address above.

LICENSE TYPE	License Issued Whole Year <input checked="" type="checkbox"/>	License Issued 1/2 Year <input checked="" type="checkbox"/>	2 Year Term Option Pay This Amount <input checked="" type="checkbox"/>
Distilled Spirits and Wine Fees			
Distiller's license	\$ 500.00 <input type="checkbox"/>	\$ 250.00 <input type="checkbox"/>	See ABC Ofc <input type="checkbox"/>
Rectifier's license	\$ 3,000.00 <input type="checkbox"/>	\$ 1,500.00 <input type="checkbox"/>	See ABC Ofc <input type="checkbox"/>
Wholesaler's distilled spirits and wine	\$ 3,000.00 <input type="checkbox"/>	\$ 1,500.00 <input type="checkbox"/>	See ABC Ofc <input type="checkbox"/>
Quota retail package license	\$ 800.00 <input type="checkbox"/>	\$ 400.00 <input type="checkbox"/>	
Quota retail drink license	\$ 800.00 <input type="checkbox"/>	\$ 400.00 <input type="checkbox"/>	
Special temporary license, per event	\$ 133.00 <input type="checkbox"/>	\$ 133.00 <input type="checkbox"/>	
Non-quota type 1 retail drink license (includes distilled spirits, wine, and malt beverages)	\$ 2,000.00 <input type="checkbox"/>	\$ 1,000.00 <input type="checkbox"/>	
Non-quota type 2 retail drink license (includes distilled spirits, wine, and malt beverages)	\$ 800.00 <input type="checkbox"/>	\$ 400.00 <input type="checkbox"/>	
Non-quota type 3 retail drink license (includes distilled spirits, wine, and malt beverages)	\$ 300.00 <input type="checkbox"/>	\$ 150.00 <input type="checkbox"/>	
Special temporary alcoholic beverage auction license, per event	\$ 100.00 <input type="checkbox"/>	\$ 100.00 <input type="checkbox"/>	
Caterer's license	\$ 800.00 <input type="checkbox"/>	\$ 400.00 <input type="checkbox"/>	
Bottling house or bottling house storage license	\$ 1,000.00 <input type="checkbox"/>	\$ 500.00 <input type="checkbox"/>	
Malt Beverage			
Brewer's license	\$ 500.00 <input type="checkbox"/>	\$ 250.00 <input type="checkbox"/>	See ABC Ofc <input type="checkbox"/>
Microbrewery license	\$ 500.00 <input type="checkbox"/>	\$ 250.00 <input type="checkbox"/>	See ABC Ofc <input type="checkbox"/>
Distributor's license	\$ 400.00 <input type="checkbox"/>	\$ 200.00 <input type="checkbox"/>	See ABC Ofc <input type="checkbox"/>
Non-quota retail malt beverage package license	\$ 200.00 <input type="checkbox"/>	\$ 100.00 <input type="checkbox"/>	
Non-quota type 4 retail malt beverage drink license	\$ 200.00 <input type="checkbox"/>	\$ 100.00 <input type="checkbox"/>	
Brew-on-premises license	\$ 100.00 <input type="checkbox"/>	\$ 50.00 <input type="checkbox"/>	
Other License Fees			
Limited restaurant license (includes distilled spirits, wine and malt beverages)	\$ 1,000.00 <input type="checkbox"/>	\$ 500.00 <input type="checkbox"/>	
Limited golf course license (includes distilled spirits, wine and malt beverages)	\$ 1,000.00 <input type="checkbox"/>	\$ 500.00 <input type="checkbox"/>	
Transitional License	\$ 100.00 <input type="checkbox"/>		

The fee for each of the first five supplemental bar licenses shall be the same as the fee for the primary drink license. There shall be no charge for each supplemental license issued in excess of five to the same licensee at the same premises.

The holder of a Non-quota retail malt beverage package license may obtain a Non-quota type 4 malt beverage drink license for a fee of fifty dollars. The holder of a Non-quota type 4 malt beverage drink license may obtain a Non-quota retail malt beverage package license for a fee of fifty dollars.

Section Three:

Affidavit

I, _____ do hereby solemnly swear or affirm that I am aware that my Kentucky State ABC License application is incorporated and made a part of this application, and that the answers contained are true and correct to the best of my knowledge, information and belief. I confirm that a copy of Chapter 3 - Alcoholic Beverages, of the City of Nicholasville, Kentucky Code of Ordinances, has been provided to me in electronic format or print, and I hereby consent to the authority of the city's Alcoholic Beverage Control Administrator and his/her investigators for (a) inspections or searches of the licensed premises listed above: (b) confiscation of articles found on said licensed 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 Statue 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 Applicant's Title

STATE OF _____

COUNTY OF _____

This is to certify that the foregoing document was subscribed and sworn to before me this _____ day of _____, 20 ____.

(Seal) _____ _____
Notary Public ID#
My Commission Expires _____

Approved:

City of Nicholasville Alcoholic Beverage Control Administrator

Date

City of Nicholasville
Alcoholic Beverage Control
517 North Main Street
Telephone: (859) 1121 ext. 278

FINAL INSPECTION FORM

In order to complete our investigation for issuance of an Alcoholic Beverage License, it is necessary that the business location meet certain structural, zoning and health requirements. Please submit this form to each of the following agencies for their inspection and notification that such requirements have been met. **Please be sure to get the Occupancy Load # from the Building Inspector before returning this form.** This completed form should then be returned to this office with your other application forms.

THIS SECTION IS TO BE COMPLETED BY APPLICANT

Licensee Name: _____

DBA: _____

Premises Address: _____

1. Are the premises currently licensed? __ YES or __ NO
2. Is the license being transferred to you? __ YES or __ NO
3. Current licensee name: _____
4. Current licensee Federal EIN # _____

Check all licenses for which you are applying

- Quota Retail Drink
 - Quota Retail Package Licenses
 - Non-Quota Retail Malt Beverage Package (**Packaged Beer**)
 - NQ1 -- Convention Center or Horse Racetrack
 - NQ2 -- Restaurant (**50 seats at tables**)
 - NQ2 -- Restaurant Motel or Airport
 - NQ3 -- Private Club
 - NQ4 -- Retail Malt Beverage Drink (**Beer by the Drink**)
 - Brewer or Microbrewery
 - Caterer's Liquor License
 - Malt Beverage Distributor or Wholesaler's Distilled Spirits & Wine
 - Other
- _____
- _____

Please provide sketch or diagram of building floor plan below (add additional pages if needed):

THIS SECTION IS TO BE COMPLETED BY EACH APPLICABLE AGENCY

Planning & Zoning Commission
517 North Main Street
Nicholasville, KY 40356
Telephone: 859-885-9385 (M-F: 8 am to 4 pm)

*****OCCUPANCY LOAD*** # _____**
Zone _____ Approved: ___ Yes ___ No
Building Permit Required: ___ Yes ___ No
Permit Issued Date: _____
Certificate of Occupancy Issued: Date _____
Issued By: _____

Final Inspection _____
Signature of Inspecting Authority

Date _____

If this is not a final inspection, when is final inspection expected: _____
If this not a final inspection, will the items that require further inspection keep the licensee from opening to the public: YES ___
No ___

City of Nicholasville Tax Office
601 North Main Street
Nicholasville, KY 40356
Telephone: 859-885-7618 (M-F: 8 am to 4 pm)

Are the applicant's taxes & other charges current: YES ___ NO ___

Final Review: _____
Signature of Reviewing Authority

Date _____

Jessamine County Health Department
210 East Walnut Street
Nicholasville, KY 40356
Telephone: 859-885-2310 (M-F: 8 am to 4:30 pm)

If this is not a final inspection, when is the final inspection expected: _____

If this is not a final inspection, will the items that require further inspection keep the licensee from opening to the public: YES ___ NO ___

Final Inspection: _____
Signature of Inspecting Authority

Date _____

Nicholasville Fire Department
Administrative Office
1022 South Main Street
Nicholasville, KY 40356
Telephone: 859-885-5505 (M-F: 8am to 4pm)

This certifies that the listed business meets the required Fire and Life Safety Codes in order to comply with the Alcoholic Beverage Ordinance of the City of Nicholasville.

Final Inspection: _____
Dave Johns
City of Nicholasville Fire Marshall

Date _____

Jessamine County/City of Nicholasville
Questionnaire for Occupational License Fee Account

Return to: Occupational Tax Office, 105 Court Row, Nicholasville, KY 40356
(859) 885-3206 * fax (859) 887-0900

Businesses located within the city limits of Nicholasville, you must obtain a **Certificate of Occupancy** before beginning operation of any business activity. If you do not have this Certificate, contact the Nicholasville Planning Commission, 517 North Main Street, Nicholasville, KY 40356 Ph. 859-885-9385. If so, provide a copy of the certificate with this questionnaire.

Businesses located in the County or the City of Wilmore, you must contact the Jessamine County/City of Wilmore Joint Planning Office, 121 South Main St, Nicholasville, KY 40356, Ph. 859-885-6415 to ensure your compliance with any applicable regulations before beginning operation of any business activity.

1. Business or Trade Name: _____

2. Local Site Address: _____

3. Home Address: _____

4. Mailing Address (if different): _____
(If mailing address is to a tax preparer who is not an employee of your business, you must complete Lines 2 and/or 3 above)

5. Social Security Number _____ Fed ID Number _____

6. Nature of Business _____

Check if applicable: Alcohol Sales Live entertainment Adult Entertainment Hazardous Materials/Chemicals

7. Telephone Number _____ Fax Number _____

Cell Phone Number _____ Email Address _____

8 Date Started in Jessamine County _____ City of Nicholasville _____

9. Do you have employees: Jessamine County? Yes No City of Nicholasville? Yes No

10. Accounting period per federal income tax return: Calendar Year Fiscal Year End _____

11. Ownership

Sole Proprietor Partnership Corporation S Corporation

LLC/Sole Proprietor LLC/Partnership LLC/Corporation LLC/S Corporation

Non Profit (attach exemption letter) Other _____

12. Name of Owner(s), partner(s) or corporate officers: Provide names and addresses.

13. Do you have any other business entities in Jessamine County? Yes No City of Nicholasville? Yes No
If yes, please list here _____

I certify that, to the best of my knowledge, the above information is true and accurate and complete.

Signature _____ Title _____ Date _____

Printed Name _____

The Jessamine County Occupational Tax Office administers and collects all Net Profit License Fees for the County and the City of Nicholasville. If your business has employees, you will be responsible for reporting payroll and paying withholdings, as applicable, to the City of Nicholasville (859) 885-7618 and Jessamine County separately.

Rev 1/2018