



**ALCOHOLIC BEVERAGE CONTROL  
TEMPORARY LICENSE APPLICATION FORM**

CITY OF NICHOLASVILLE, KENTUCKY

517 North Main Street

Nicholasville, KY 40340

Website: [www.nicholasville.org](http://www.nicholasville.org)

**Ronnie Fuller, ABC Investigator**      [ronnie.fuller@nicholasville.org](mailto:ronnie.fuller@nicholasville.org)  
(859) 885-1121 Ext. 278

**Name of Applicant:** \_\_\_\_\_

**D/B/A:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Premise Address:** \_\_\_\_\_

**Premise Phone #:** (\_\_\_\_\_) \_\_\_\_\_      **Contact Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**Fax #:** (\_\_\_\_\_) \_\_\_\_\_      **Email Address:** \_\_\_\_\_

**Name & Address of Property Owner:** \_\_\_\_\_

**Name of Special Event:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Date(s) & Time(s) of Event:** \_\_\_\_\_

**Check the box for the type(s) of license(s) you are applying for:**

- Special Temporary License ( KRS 243.260 & 804 KAR 4:250)      \$133.00
- Special Temporary Auction License—Distilled Spirits & Wine (KRS 243.036)      \$100.00

**FEE DUE:** \$ \_\_\_\_\_

**Have you attached the following?**

- Check or Money Order Payable to the City of Nicholasville**       YES     NO
- State Application**       YES     NO
- Criminal Background Check**       YES     NO
- Detailed Compliance Plan**       YES     NO
- Proof Of Server Training**       YES     NO
- Proof Of Insurance**       YES     NO

(If the event is being held in or on public property, a copy is required with each application specific to the location of the event)

**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 Statute 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 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
ID#

(Seal)

My Commission Expires \_\_\_\_\_

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Approved:

\_\_\_\_\_  
City of Nicholasville Alcoholic Beverage Control Administrator

\_\_\_\_\_  
Date