



***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](http://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.
- **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](http://www.nicholasville.org)

**Frank Hubbard, ABC Administrator** [frank.hubbard@nicholasville.org](mailto:frank.hubbard@nicholasville.org)

**Ronnie Fuller, ABC Investigator** [ronnie.fuller@nicholasville.org](mailto: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"/>
<b>Distilled Spirits and Wine Fees</b>						
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"/>		
Nonquota type 1 retail drink license (includes distilled spirits, wine, and malt beverages)	\$ 2,000.00	<input type="checkbox"/>	\$ 1,000.00	<input type="checkbox"/>		
Nonquota type 2 retail drink license (includes distilled spirits, wine, and malt beverages)	\$ 800.00	<input type="checkbox"/>	\$ 400.00	<input type="checkbox"/>		
Nonquota type 3 retail drink license (includes distilled spirits, wine, and malt beverages)	\$ 300.00	<input type="checkbox"/>	\$ 150.00	<input type="checkbox"/>		
Distilled spirits and wine special temporary auction license, per event	\$ 200.00	<input type="checkbox"/>	\$ 200.00	<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"/>		
<b>Malt Beverage</b>						
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"/>
Nonquota retail malt beverage package license	\$ 200.00	<input type="checkbox"/>	\$ 100.00	<input type="checkbox"/>		
Nonquota 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"/>		
<b>Other License Fees</b>						
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"/>		

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 nonquota retail malt beverage package license may obtain a Nonquota type 4 malt beverage drink license for a fee of fifty dollars. The holder of a Nonquota type 4 malt beverage drink license may obtain a nonquota 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 \_\_\_\_.

\_\_\_\_\_  
Notary Public                      ID#

(Seal)

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 \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY EACH APPLICABLE AGENCY**

Planning & Zoning Commission  
517 North Main Street  
Nicholasville, KY 40356  
Telephone: 859-885-9385 (**Between 8:00 am & 4:00 pm**)

**\*\*\*OCCUPANCY LOAD\*\*\* # \_\_\_\_\_**

Zone \_\_\_\_\_ Approved: \_\_ Yes \_\_ No

Building Permit Required: \_\_ Yes \_\_ No

Permit Issued Date: \_\_\_\_\_

Certificate of Occupancy Issued: Date \_\_\_\_\_

Issued By: \_\_\_\_\_

**Final Inspection** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Inspecting Authority**

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 (**Between 8:00 am & 4:00**)

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

**Final Review:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Reviewing Authority**

Jessamine County Health Department

210 East Walnut Street

Nicholasville, KY 40356

Telephone: 859-885-2310 (Between 8:00 am & 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:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Inspecting Authority**

**Leave Blank for Nicholasville ABC Use Only:**

**Transfer:** \_\_\_\_\_ **Officer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Status:** \_\_\_\_\_ **Notified:** \_\_\_\_\_