



**ALCOHOLIC BEVERAGE CONTROL
TEMPORARY LICENSE APPLICATION FORM**

CITY OF NICHOLASVILLE, KENTUCKY

517 North Main Street

Nicholasville, KY 40340

Website: www.nicholasville.org

Jason Porch, ABC Investigator jason.porch@nicholasville.org

(859) 885-1121 Ext. 279

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 _____

Approved:

City of Nicholasville Alcoholic Beverage Control Administrator

Date