



**ALCOHOLIC BEVERAGE CONTROL
TEMPORARY LICENSE APPLICATION FORM**

CITY OF NICHOLASVILLE, KENTUCKY

717 North Main Street

Nicholasville, KY 40356

Website: www.nicholasville.org

Jason Porch, ABC Investigator jason.porch@nicholasville.org
(859) 885-9467 Ext. 0512

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:

- | | |
|---|----------|
| <input type="checkbox"/> Special Temporary License (KRS 243.260 & 804 KAR 4:250) | \$133.00 |
| <input type="checkbox"/> 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 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| State Application | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Criminal Background Check | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Detailed Compliance Plan | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Proof Of Server Training | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Proof Of Insurance | <input type="checkbox"/> YES | <input type="checkbox"/> 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 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