

**CITY OF BARDSTOWN, KENTUCKY  
APPLICATION FOR ALCOHOLIC BEVERAGE TRADE LICENSE  
Separate Application Required for each Location**

Print Name and Mailing Address of Applicant (including DBA and Zip Code)

**Deliver to: City Clerk, 220 North 5<sup>th</sup> Street,  
Bardstown, KY 40004, together with payment  
for the required fee.**

Check One:

New Business                       Change of Location  
 Renewal                                       Change of Ownership

Zoning Verification:

Zoning Verification: \_\_\_\_\_\*

Must be signed by Planning & Zoning Office

**\*Contact Planning and Zoning at One Court Square, Bardstown, KY 40004. Phone Number: 502-348-1805.**

**This is an application for issuance of the following license(s). (Check all that are applicable):**

(A) *No person shall cause, permit, or engage in any of the actions, business, or transactions authorized by such city and state licenses within the city without both a valid city license and a valid state license therefore:*

**DISTILLED SPIRITS AND WINE LICENSES**

License Description	Statutory Authorization (KRS S)	Statutory Description Of Authorized Business And Transactions (KRS S)	Annual Expiration Date (KRS S 243.090)	Fee (Per Annum)
Distillers	243.030 (1) 243.070	243.120 243.130	June 30	\$140.00
Wholesalers	243.030 (6)	243.160 243.170	June 30	\$410.00
Retail Package	243.030 (7)	243.240	June 30	\$210.00
Retail Drink	243.030 (8)	243.250	June 30	\$420.00
Private Club	243.030 (17)	243.270	June 30	\$420.00
Caterer (Distilled Spirits and Wine)	243.030 (26)	243.033	June 30	\$100.00
Supplementary Caterer	241.010	243.033	June 30	\$ 50.00
*Wine by Drink		243.260	June 30	\$ 70.00
**Limited Sunday Drink (attach proof of 50% food sales)	243.030 (18)	244.290	June 30	\$180.00
Special Temporary (Special Event)	243.030 (16)	243.260	June 30	\$ 50.00 (Per Event)
Souvenir Retail Package	243.030 (27)	243.0305	June 30	\$150.00
Souvenir Retail Package (Sunday Sales)	243.030 (27)	243.0305	June 30	\$150.00
***Sampling Retail Drink	244.050 (2)	243.250	June 30	\$ 25.00
***Sampling Retail Package	244,050 (2)	243,240	June 30	\$ 25.00

\_\_\_\_\_ Seating Capacity                      \_\_\_\_\_ City Fire Inspector

**MALT BEVERAGE LICENSES**

License Description	Statutory Authorization (KRS S)	Statutory Description Of Authorized Business And Transactions (KRS S)	Annual Expiration Date (KRS S 243.090)	Fee (Per Annum)
Brewers	243.040 (1) 243.070	243.150	June 30	\$140.00
Distributors	243.040	243.150	June 30	\$140.00
Retailers (New Applicant Renewal)	243.040 (4), 243.070, 243.040 (4)	243.280	June 30	\$ 70.00

___ Caterer	241.010	243.033	June 30	\$ 50.00
___ Supplementary Caterer (Malt Beverages)	241.010	243.033	June 30	\$ 25.00
___ Special Temporary (Special Event)	243.040 (7)	243.290	June 30	\$ 25.00 (Per Event)

- \* Wine by drink in connection with a restaurant operation where whiskey by the drink is not available.
- \*\* Limited Sunday Liquor Drink (Hours of operation shall be 2:00 pm –12:00 am) – Available holders of Liquor Drink Licenses that are restaurants with at least 100 seating for dining and receive at least 50 % of its gross annual income from the sale of food or Private clubs which have been granted all appropriate licenses for the sale of distilled spirits, wine and malt beverages which: (a) Have dining facilities with a minimum seating capacity of 100 people at tables; (b) Are non-profit, eleemosynary organizations with a membership of at least 200; and (c) Have been in existence for a period of at least two (2) years.
- \*\*\* Sampling – Available holders that are retail drink and retail package sales that notify Office of Alcoholic Beverage Administrator 7 days in advance before conducting a sampling event. A sampling event is limited to a period not to exceed 4 consecutive hours between 12 noon and 8 p.m. Each sample size shall not exceed one (1) ounce of wine and one-half (1/2) ounce of distilled spirits. A customer must be limited to no more than six (6) wine and two (2) distilled spirits samples per day. All samples must be provided free of charge and at the licensed premises.

(All license(s) expire on **June 30** of each year and are non-transferable. Annual fees shall be paid before issuance of any license, which annual fee shall not be refunded for any portion of unused license period.)

1. Give the following information for the business proprietor, partners, stockholders and all persons otherwise interested or who may become interested in the business to be licensed, and officers, directors and resident managers if business is incorporated.

NAME AND COMPLETE HOME ADDRESS	Phone #	Nature of Interest in Business or Official Position (As Business Proprietor, Partner, Director, etc. and Social Security Number)	Citizen of U.S.? (Answer Yes Or No)	Date of Birth			Date Residence Established in KY if KY Resident		
				Month	Day	Year	Month	Day	Year
		SS #							
		SS #							
		SS #							
		SS #							

*Note – if space above is inadequate, complete on an attached sheet of paper.*

2. Have any of the persons named in statement 1 had a license issued under any alcoholic control law revoked for cause at any time? YES \_\_\_ NO \_\_\_ *If answer is yes, attach a statement giving full explanation of each such revocation.*
3. Have any persons named in statement 1 been convicted of a felony or misdemeanor directly or indirectly attributable to the use, manufacture, sale of or traffic in alcoholic beverages at any time? YES \_\_\_ NO \_\_\_ *If any convictions have occurred at any time, attach a statement giving a full explanation of each such conviction.*
4. Has any relative, either by blood or marriage, of the applicant had an alcoholic beverage license revoked? YES \_\_\_ NO \_\_\_ *If answer is yes, attach a statement giving full details.*
6. Has an alcoholic beverage license been revoked for these premises? YES \_\_\_ NO \_\_\_ *If answer is yes, attach a statement giving a full explanation.*
7. Have any of the persons named in statement 1 had a license suspended or denied? YES \_\_\_ NO \_\_\_ *If answer is yes, attach a statement giving full details.*
8. Were you licensed to sell distilled spirits and wine at retail at any time during the past 12 months? YES \_\_\_ NO \_\_\_ *If yes, give State of Kentucky license number \_\_\_\_\_.*  
Are you transferring this license to a new location? YES \_\_\_ NO \_\_\_

9. Have the premises been licensed for the sale of distilled spirits and wine and/or malt beverages at retail at any time during the past 12 months? YES \_\_\_\_\_ NO \_\_\_\_\_ Are the premises now licensed? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, give State of Kentucky license numbers \_\_\_\_\_ and by whom \_\_\_\_\_.
10. Is applicant a corporation? YES \_\_\_\_\_ NO \_\_\_\_\_  
If answer is yes, give state in which incorporated \_\_\_\_\_. If not incorporated in Kentucky, is the corporation authorized by the Secretary of State to do business in Kentucky? YES \_\_\_\_\_ NO \_\_\_\_\_
11. Is the applicant the owner of the premises to be licensed? YES \_\_\_\_\_ NO \_\_\_\_\_  
If answer is no, you must file a copy of your lease covering the full license period of the premises to be licensed. Give date lease expires \_\_\_\_\_. If the applicant is not the owner of the premises to be licensed, give:  
Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_ Citizenship \_\_\_\_\_
12. Does applicant or applicant's employees, agents or stockholders have an interest of any kind in any alcoholic beverage business or the premises or any alcoholic beverage business other than that for which license is herein applied? YES \_\_\_\_\_ NO \_\_\_\_\_  
If answer is yes, a statement must be attached describing in detail any such interest(s).
13. (*Read carefully and answer completely*). Describe below the location of the premises to be licensed. Give street and number, or names of adjoining property owners.  
\_\_\_\_\_  
\_\_\_\_\_
14. Will any other business be conducted in conjunction with the business authorized by the license herein applied?  
YES \_\_\_\_\_ NO \_\_\_\_\_ *If answer is yes, describe below kind of business* \_\_\_\_\_  
\_\_\_\_\_
15. Is the entire license fee paid by the applicant and by no other persons? YES \_\_\_\_\_ NO \_\_\_\_\_
16. Are the premises to be licensed located in a business center or on a main thoroughfare? YES \_\_\_\_\_ NO \_\_\_\_\_  
If answer is no, submit a diagram of surrounding territory showing exact location or premises with relation to other buildings.
17. Are the premises to be licensed and the entrance thereto located on the street level? YES \_\_\_\_\_ NO \_\_\_\_\_ *If answer is no, is the business a hotel, club, or restaurant that has been in business as such in which liquor has been sold at retail under a valid license for the last year?* YES \_\_\_\_\_ NO \_\_\_\_\_
18. Are you familiar with the fact that Kentucky Revised Statute 243.500 prohibits gambling on licensed premises?  
YES \_\_\_\_\_ NO \_\_\_\_\_
19. Have you or any individual in your employment, at any time in the past 2 years, been convicted of a gambling offense, or possessing gambling equipment? YES \_\_\_\_\_ NO \_\_\_\_\_
20. Do you know that under Kentucky Law you are responsible for the acts of your employees on your licensed premises?  
YES \_\_\_\_\_ NO \_\_\_\_\_
21. Have you a machine or device on your premises for which a \$250.00 Special Federal Excise Stamp has been purchased?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If I purchase a \$50.00 Federal Gambling Stamp or \$250.00 Special Federal Excise Stamp or possess a machine for which a stamp is required, I will notify the city within three days of the purchase of either.
22. Will any other alcoholic beverage licensee or the owner of any part of another license issued by the city have either a direct or indirect interest, financial or otherwise, in this license, should it be issued? YES \_\_\_\_\_ NO \_\_\_\_\_ *If answer is yes, explain in detail:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. Have you or any individual in your employment, at any time in the last 2 years, been cited of a felony or misdemeanor directly or indirectly attributable to the use, manufacture, sale of or traffic in alcoholic beverages? YES \_\_\_\_\_ NO \_\_\_\_\_ *If answer is yes, list name and Social Security Number of individual cited:*  
\_\_\_\_\_  
Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
24. Have you applied for a business license with the City of Bardstown? YES \_\_\_\_\_ NO \_\_\_\_\_

COB Acct # \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_ of  
(Name of person signing affidavit) (Title of position)

\_\_\_\_\_ do hereby solemnly swear or affirm  
( Name of Business )

that all statements contained in this application, together with all attachments, are true and correct to the best of my knowledge, information and belief, and further that in the conduct of the business authorized by the License(s) herein applied for, all laws, rules, regulations and ordinances will be strictly obeyed and understood that violation of same may constitute cause for revocation or suspension of the License(s).

Signature of Applicant \_\_\_\_\_

**NOTARY USE ONLY**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires: \_\_\_\_\_.

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

This certifies that the applicant herein above named has been approved for the type of license(s) applied and for the premises above specified.

Date \_\_\_\_\_ for Bardstown, KY.  
City Alcoholic Beverage Administrator

**HAVE YOU?**

- 1. Attached check or money order?  YES
- 2. Answered each question fully?  YES
- 3. Signed application and had same notarized?  YES
- 4. Secured the approval of the local alcoholic beverage administrator?  YES
- 5. Attached proof of 50% food sales for Sunday Drink License?  YES
- 6. Obtained a City of Bardstown Business License?  YES