

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

Print Name and Mailing Address of Applicant (including DBA and Zip Code) _____	<b>Deliver to: City Clerk, 220 North 5<sup>th</sup> Street,                  Bardstown, KY 40004, together with payment                  of the required fee(s).</b>
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Name of this special event \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

DATE(s) and TIME (s) of your special event \_\_\_\_\_

State of Kentucky Temporary License Number(s) \_\_\_\_\_

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

**DISTILLED SPIRITS AND WINE LICENSE**

License Description	Statutory Authorization (KRS S)	Statutory Description Of Authorized Business And Transactions (KRS S)	Fee (Per Event)
____ Special Temporary (Special Event)	243.030 (16)	243.260	\$50.00 (Per Event)

**MALT BEVERAGE LICENSE**

License Description	Statutory Authorization (KRS S)	Statutory Description Of Authorized Business And Transactions (KRS S)	Fee (Per Event)
____ Special Temporary (Special Event)	243.040 (7)	243.290	\$25.00 (Per Event)

Fees shall be paid before issuance of any license, which 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 temporarily 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 #							

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

1. Are the premises to be licensed located within the City of Bardstown? Yes No  
If no, list the address of the location. \_\_\_\_\_.
2. Is the entire license fee paid by the applicant and by no other person? Yes No
3. Is the applicant a corporation, limited partnership, or limited liability company, in good standings with the City of Bardstown and the Kentucky Secretary of State? Yes No
4. Has the applicant(s) been licensed to sell alcoholic beverages? Yes No  
If yes, list your state ABC license number(s).\_\_\_\_\_.
5. Has the applicant or any person named in statement 1 been convicted of any felony in the past five (5) years? Yes No  
Has the applicant or any person named in statement 1 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance in the past two (2) years? Yes No  
  
If yes, **you must** attach a statement giving a full explanation, including dates of convictions.
6. Have the premises to be licensed or any person listed in this application had an ABC license suspended or revoked, or an ABC application denied? Yes No  
  
If yes, **you must** attach a statement giving a full explanation, including dates of suspension, revocation or denial.
7. Give a brief description of the purpose for this Special Temporary License.
8. List the persons or non-profit, charitable, civic or political organization that will receive the proceeds from the sales of alcoholic beverages under this Special Temporary License.
9. 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 this Special Temporary License.

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 named has been approved for the Special Temporary license(s) applied for and for the premises 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. Obtained a City of Bardstown Business License?  YES