

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
ALCOHOLIC BEVERAGE CONTROL
150 EAST MAIN ST, LEXINGTON, KY 40507
(859) 258-3796 www.lexingtonky.gov/abc email: abc@lexingtonpolice.ky.gov

Basic Application Instructions

Kentucky Department of Alcoholic Beverage Control applications filed with Lexington-Fayette Urban County Government Alcoholic Beverage Control **MUST BE COMPLETE** (including all local requirements).

Applications may be submitted to the LFUCG ABC located at 150 East Main Street, Lexington, KY 40507. **Fax and Email WILL NOT be accepted.** Applicants should maintain the original application & additional required documents to submit to the Kentucky Department of Alcoholic Beverage Control upon receipt of approval.

To obtain a copy of the KY ABC Application, please visit their website: <http://abc.ky.gov> or call (502) 564-4850.

***IMPORTANT:** You must file your KY ABC Application with LFUCG ABC no sooner than seven (7) days of the filing of your legal notice nor more than twenty-one (21) days of the filing of your legal notice. KRS 243.360

LFUCG ABC Requirements

Licensing Fees

LFUCG ABC licensing fees MUST be paid prior to the submission of an application. Refer to the *ABC License Fee Schedule* to determine your license fees and complete the *Payment Form* which is available at our website: <http://lexingtonky.gov/abc>.

Inspections

The LFUCG ABC *Final Inspection Form* **MUST** be signed by representatives from the Division of Planning and the Division of Revenue offices prior to the submission of an application. Local approval of the application will be granted without the remaining signatures. However, signatures from a representative of the Fire Prevention Bureau, Division of Building Inspection, and the Environment Health Services **MUST** be obtained before the LFUCG ABC License will be issued. The *Final Inspection Form* may be obtained at: <http://lexingtonky.gov/abc>.

Diagram

A diagram/floor plan of the establishment including all detached structures and parking areas must be provided.

Dance Permit

A permit is required for any LFUCG ABC licensed establishment allowing dancing by patrons. To obtain a copy of the *Dance Permit Application* visit <http://lexingtonky.gov/abc>.

Application Review Process

Site Inspection

A random inspection of the premises will be conducted by LFUCG ABC personnel after the application packet has been reviewed.

Processing Time

It will take 7-10 business days to process a completed application. A license **can not** be issued prior to 30 days past the date of the legal public. KRS 243.360

Approved applicants will be sent a signed copy of the *Basic Application* signature page with the administrator's signature of approval. The LFUCG ABC license will be issued upon completion of the application process.

It will be the applicant's responsibility to submit their application to the KY ABC Office after receiving local approval.

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ABC License Fee Schedule

LICENSE TYPE (S)	Full Year Fee	Half Year Fee
Quota Retail Drink *Includes Liquor & Wine Only	\$ 1,000.00	\$ 500.00
Quota Retail Package *Includes Packaged Liquor & Wine Only	\$ 1,000.00	\$ 500.00
NQ Retail Malt Beverage Package	\$ 200.00	\$ 100.00
Secondary NQ4 Retail Malt Beverage Drink**	\$ 50.00	\$ 25.00
NQ1 Convention Center *Includes Liquor/Wine/Beer	\$ 2,000.00	\$ 1,000.00
NQ1 Horse Racetrack *Includes Liquor/Wine/Beer	\$ 2,000.00	\$ 1,000.00
NQ2 Retail Drink (minimal 50 seats at tables)	\$ 1,000.00	\$ 500.00
NQ3 Private Club *Includes Liquor/Wine/Beer	\$ 300.00	\$ 150.00
NQ4 Retail Malt Beverage Drink	\$ 200.00	\$ 100.00
Secondary NQ Retail Malt Beverage Package**	\$ 50.00	\$ 25.00
Special Sunday Retail Drink	\$ 300.00	\$ 150.00
Supplemental Bar License	\$ 1,000.00	\$ 500.00
Wholesaler's Distilled Spirits And Wine	\$ 3,000.00	\$ 1,500.00
Bottling House Storage	\$ 1,000.00	\$ 500.00
Brewers License	\$ 500.00	\$ 250.00
Caterer's License	\$ 800.00	\$ 400.00
Distiller's License	\$ 500.00	\$ 250.00
Malt Beverage Distributor	\$ 400.00	\$ 200.00
Microbrewery	\$ 500.00	\$ 250.00
Rectifier's License	\$ 3,000.00	\$ 1,500.00
Malt Beverage Brew On Premises License	\$ 100.00	\$ 50.00
Limited Restaurant--LR50 (minimal 50 seats at tables) *Includes Liquor/Wine/Beer	\$ 1200.00	\$ 600.00
EXPIRATION MONTH	Full Year	Half Year
August 31^s ***Batch applicants only	Issued before March 1 st	Issued March 1 st or later
November 30th	Issued before June 1 st	Issued June 1 st or later
<p>**The qualifying holder of either type of retail malt beverage (beer) licenses (either the NQ4- Retail Malt Beverage Drink or the NQ- - Retail Malt Beverage Package license) may add the second license for the reduced licensing fee of \$50.00.</p> <p>**To qualify for batch licensing you must be a business or corporation with more than two licensed premises in Kentucky.</p>		

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FEE PAYMENT FORM

Please submit this payment form along with a certified check, cashiers check or money order to the LFUCG Division of Revenue Office 200 East Main St. 2nd Floor - Government Center Lexington, KY 40507. Payments should be made payable to LFUCG.

Name of Licensee or Company: _____

Business Name (DBA): _____

Premises Address: _____

Amount: \$_____

Leave Blank- For Revenue Use Only

Date: _____

Account #: _____
(Not applicable on Special Temporary Licenses)

Amount collected: \$_____

Operator: _____

Return this form to the LFUCG ABC office after submitting fees.

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FINAL INSPECTIONS FORM

In order to complete our investigation for the issuance of an Alcoholic Beverage Control license, it is necessary that the business location meet certain structural, zoning, and health code requirements. Please submit this form to each of the departments listed below for their inspection and notification that such requirements have been met. This form must be submitted to our office with your application upon obtaining all the approvals.

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

Licensee Name: _____

DBA: _____

Premises Address: _____

Lexington, KY _____

1. Are you applying for a license at a location that is currently licensed? YES ☐ NO ☐
2. Is the license being transferred to you? YES ☐ NO ☐
3. If **YES** please provide the licensee's name, DBA, & Federal EIN# _____

Check all licenses for which you are applying:

- ☐ Quota Retail Drink
- ☐ Quota Retail Package License
- ☐ NQ Retail Malt Beverage Package (**Packaged Beer**)
- ☐ NQ1 Convention Center or Horse Racetrack
- ☐ NQ2 Retail Drink (**minimum 50 seats at tables**)
- ☐ NQ3 Private Club
- ☐ NQ4 Retail Malt Beverage Drink (**Beer by the Drink**)
- ☐ LR50 Restaurant (**minimum 50 seats at tables & no free standing bar**)
- ☐ 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 DIVISION

DIVISION OF PLANNING
101 E. VINE, 7TH FLOOR Ste 700
PHONE: (859) 258-3160 Fax: (859) 258-3163

Zone _____ Approved: YES ☐ NO ☐
Allowable use _____

Notes: _____

Reviewed by: _____ Date _____
Compliance Officer

DIVISION OF REVENUE
GOVERNMENT CENTER, 200 E. MAIN STREET, 2ND FLOOR
PHONE: (859) 258-3340 Fax: (859) 258-3379
Transfer: YES ☐ NO ☐ Account Status: ☐ Current ☐ Not current

Reviewed by: _____ Date _____
Signature of Reviewing Authority

FIRE PREVENTION BUREAU
219 E. THIRD STREET
TELEPHONE: (859) 231-5668

Total Occupancy: _____ Additional Occupancy Area: _____
Notes: _____

Inspected/Reviewed by: _____ Date _____
Signature of Inspecting Authority

DIVISION OF BUILDING INSPECTION
101 E. VINE, 2ND FLOOR
PHONE: (859) 258-3770 Fax: (859) 258-3780

Building Permit Required: YES ☐ NO ☐
Permit Issued Date: _____
Certificate of Occupancy Issued Date: _____

Notes: _____

Inspected/Reviewed by: _____ Date _____

ENVIRONMENTAL HEALTH SERVICES
804A NEWTOWN CIRCLE
PHONE : (859) 231-9791 Fax (859) 231-9459

Inspected by: _____ Date _____
Signature of Inspecting Authority

Leave blank- for Lexington ABC use only

Transfer: ☐ Yes ☐ No Analyst name: _____ Date: _____ Status: _____ Notified: _____

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Dance Permit Application Instructions

Applications filed with the Lexington-Fayette Urban County Government Alcoholic Beverage Control Office **MUST BE COMPLETE.**

LFUCG ABC office requires all permit fees to be paid prior to the submission of an application. A *Payment Form* is available at our website www.lexingtonky.gov/abc.

The fee for a Dance Permit is \$200. Submit the *Payment Form* along with a certified check, cashiers check or money order made payable to LFUCG to Division of Revenue Office 200 East Main St. 2nd Floor Lexington, KY 40507.

How to Apply

- Step 1** Submit payment to LFUCG Division of Revenue.
- Step 2** Complete all applicable portions of the *Dance Permit Application*.
- Step 3** Obtain signatures on the Dance Permit Inspections Forms.
Fire Prevention Bureau Division of Building Inspection
219 E Third Street Phoenix Building 101 East Vine St 2nd Floor
(859)231-5668 (859)258-3770
- Step 4** Submit *Dance Permit Application* and the *Payment Form* (indicating the license fees have been paid” to the LFUCG ABC Office located at 150 East Main Street, Lexington, KY 40507

Fax and Email WILL NOT be accepted.

Please allow 2 to 4 weeks for processing.

Dance Permit Application

Applicant Name (s) or Company to be licensed: _____

Business Name (DBA): _____

Premises Address _____

Contact Person: _____

Contact #: _____

Email address: _____

1. If the applicant is a corporation, limited liability corporation, company or partnership, list the name and ownership interest of each person or entity having an interest of ten percent (10%) or more in the business:

2. Is the applicant a non-profit religious, charitable, benevolent, fraternal or social organization recognized by the IRS as exempt from federal taxation? Yes ☐ No ☐
If yes, attach documents supporting such status.

3. Is the applicant a hotel that rents its facilities for private dances and does not promote dances for a profit?(other than a fee charged to organizations or individuals to conduct private dances)
Yes ☐ No ☐

4. Location of premises where dancing is to occur:

5. Is the building presently occupied? Yes ☐ No ☐ If yes, list occupant.

6. What is the maximum occupancy limit for the premises? _____

7. List the current use (for example restaurant or nightclub) and zoning of the premises:

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8. List the license number and type of each State ABC and LFUCG ABC license issued for the premises or list the types of licenses for which an application is pending.

9. List all assumed names by which the premises is known or under which the business located on the premises is operated:

10. Specify the floor space area, including square feet, to be used for dancing:_____

11. Attach a detailed diagram of the premises identifying the proposed dance area.

12. Are there any criminal or administrative charges pending against the applicant or its employees for violations of state or local ABC statutes, ordinances or regulations?

Yes ☐ No ☐ If yes, provide case numbers and names of defendants:

13. Are there any charges or cases (civil, criminal, or administrative) pending against the applicant in which it is alleged that the applicant has allowed the business for which a permit is sought to operate in a manner that constitutes a nuisance? Yes ☐ No ☐ If yes, provide the case number and identify the court or administrative body where the case is pending:

The undersigned hereby certifies that he or she is the applicant, or is duly authorized to execute this application for the applicant, and that the contents to the application and all attachments are true and correct to the best of his or her knowledge and belief, as of this ____ day of _____, 20____.

Sign:_____

Print:_____

Title:_____

Sworn and affirmed before me on this ____ day of _____, year of _____.

My Commission expires_____

Notary Public _____ County of _____ State of _____

Notary ID#_____

Dance Permit Inspection Form

Applicant name (s) or Company to be licensed: _____

Business Name (DBA): _____

Premises Address _____

Contact Person: _____

Contact #: _____

This section is to be completed by Division Building Inspection

1. Is the building presently occupied? Yes ☐ No ☐ If yes, what is the current use?

2. What is the current zoning for the premises? _____
3. _____ square feet or floor space is to be used for dancing. A detailed diagram of the licensed premises identifying the proposed dance area was reviewed? Yes ☐ No ☐
4. Is dancing permitted in this zone? Yes ☐ No ☐
 - a. If not, is dancing allowed at this location by virtue of non-conforming use or other exceptions to the zoning ordinance or regulations? Yes ☐ No ☐
5. Is the current use allowed by the zoning ordinance or regulations? Yes ☐ No ☐
6. Are all structures on the premises in conformity with applicable ordinances and codes enforced by the Division of Building Inspection? Yes ☐ No ☐
7. If the structures are not in conformity, list (or attach a list of) all violations:

Date: _____ Inspector: _____

Dance Permit Inspection Form

Applicant Name (s) or Company to be licensed: _____

Business Name (DBA): _____

Premises Address _____

Contact Person: _____

Contact #: _____

This section is to be completed by Fire Prevention Bureau

1. Is the building presently occupied? Yes ☐ No ☐ If yes, what is the current use?

2. _____ square feet of floor space is to be used for dancing. A detailed diagram of the licensed premises identifying the proposed dance area was reviewed? Yes ☐ No ☐

3. Are all structures on the premises in conformity with applicable fire prevention ordinances, codes and statutes enforced by the Fire Prevention Bureau, including the standards of safety and code of ordinances Chapter 9? Yes ☐ No ☐

4. If the structures are not in conformity, list (or attach a list of) all violations:

5. What is the current maximum occupancy limit for the premises? _____

6. Is the premises reasonably and adequately lighted? Yes ☐ No ☐ If not, can additional lighting be installed? Yes ☐ No ☐ If yes, in what areas of the premises?

Date: _____ Inspector: _____