



**Alcoholic Beverage Control License Fee Payment Form**

Please submit this form along with a **certified check, cashier's check, or money order** payable to LFUCG to the Division of Revenue Office at 200 East Main St., 2<sup>nd</sup> Floor - Government Center, Lexington, KY 40507.

**If you hand deliver this form, you will also have the option to pay in cash.**

Name of Licensee or Company: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Premises Address: \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_

***Leave blank- For Division of Revenue use only***

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

(Not applicable on Special Temporary licenses)

Amount collected: \$ \_\_\_\_\_

Operator: \_\_\_\_\_

