



Alcoholic Beverage Control License – Local Application

To be able to traffic in Alcoholic Beverages, you must obtain both a state and local issued ABC license in most cases. First, complete the appropriate ABC license application from the state ABC website at abc.ky.gov. Then follow the instructions below to submit a complete ABC packet for review by the local ABC administrator.

Application Instructions

Step 1 - Complete the Kentucky State ABC license application online. Complete all local forms and email them to abc@lexingtonpolice.ky.gov. A check sheet has been provided on the last page of this packet.

NOTE: Supporting documentation must include a criminal background check from each state the applicant has resided in during the past five (5) years. The background check(s) **MUST** be obtained from the approved list in this packet.

Step 2 - 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 *Fee Payment Form*.

Step 3 - 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 the application. Signatures from a representative of the Fire Prevention Bureau, Division of Building Inspection, and the Environment Health Services **MUST** be obtained and submitted before the LFUCG ABC License will be issued.

Step 4 - Include a diagram/floor plan of the establishment including all detached structures and parking areas.

Step 5 - Include a photocopy of a Driver's License or Photo I. D. for all individuals on which a background check has been conducted during the Basic Application.



**Alcoholic Beverage Control – Basic License Form**

Complete this form after submitting your online application to Kentucky ABC

State ABC information

State application number: Q - _ _ _ _ _

Approval date: _ _ _ _ _

Business information

Business/company name: _____
(applicant's name, if sole proprietor)

DBA (Doing Business As): _____

Address of premises to be licensed: _____

City: Lexington **State:** KY **Zip:** _____ **Premises phone:** _____

County: Fayette **Email:** _____

Mailing address
(if different from above): _____

Contact person: _____ **Contact phone:** _____

Liability Insurance

Provider: _____ **Policy number:** _____

Requested license Type





Applicant information

Complete the following for the business proprietor, partner(s), and all persons having an interest in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. If privately-held, show 100% of the ownership. If publicly-traded, list the three highest ranking officers and any natural person who owns ten (10) percent or more. If a non-profit, list the highest ranking director or officer. Attach additional pages as needed.

1	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					
2	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					
3	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					
4	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					





Applicant information (continued)

5	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					
6	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					
7	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					
8	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					





Applicant information (continued)

9	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					
10	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					
11	Name:	Home address:	All phone numbers H: W: C:	US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 of SSN	Date of birth mm-dd-yyyy
	Title:	List states where person resided over past 5 years:				
	Percent (%) of ownership (if applicable):					





Criminal History / Background Checks

Applicants are required to submit a criminal background check from each state they have resided in during the past five (5) years.

State	Phone number	Website
Alabama	334-353-4340	http://background.alabama.gov/
Alaska	907-269-5767	https://dps.alaska.gov/Statewide/R-I/Background/Home
Arizona	602-223-2222	https://www.azdps.gov/services/public/records/criminal
Arkansas	501-618-8500	https://www.ark.org/criminal/index.php
California	916-210-6276	https://oag.ca.gov/fingerprints/record-review
Colorado	303-239-4208	https://www.cbirecordscheck.com/
Connecticut	860-685-8480	https://portal.ct.gov/DESPP/Division-of-Emergency-Service-and-Public-Protection/Forms
Delaware	302-739-5901	https://dsp.delaware.gov/obtaining-a-certified-criminal-history/
Florida	850-410-8109	https://cchinet.fdle.state.fl.us/search/app/default?0
Georgia	404-244-2639	https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions
Hawaii	808-587-3279	https://ecrim.hawaii.gov/ahewa/
Idaho	208-884-7159	https://isp.idaho.gov/bci/background-checks/
Illinois	815-740-5160	http://www.isp.state.il.us/crimhistory/chri.cfm
Indiana	317-233-2010	http://www.in.gov/ai/appfiles/isp-lch/
Iowa	515-725-6066	https://dps.iowa.gov/divisions/criminal-investigation/criminal-history/record-check-forms
Kansas	785-296-2454	http://www.kansas.gov/kbi/criminalhistory/
Kentucky	502-573-1682	https://kycourts.gov/aoc/criminalrecordreports/Pages/default.aspx
Louisiana	225-925-6096	https://ibc.dps.louisiana.gov/
Maine	207-624-7240	https://www5.informe.org/online/pcr/
Maryland	410-764-4501	http://www.dpscs.state.md.us/publicservs/bgchecks.shtml
Massachusetts	617-660-4600	https://www.mass.gov/criminal-record-check-services
Michigan	517-241-0606	https://apps.michigan.gov/
Minnesota	651-793-2400	https://dps.mn.gov/divisions/bca/Pages/background-checks.aspx
Mississippi	601-987-1212	https://www.dps.ms.gov/investigation/criminal-information-center
Missouri	573-526-6312	https://www.machs.mo.gov/MocchWebInterface/home.html
Montana	406-444-3625	https://dojmt.gov/enforcement/background-checks/
Nebraska	402-479-4971	http://www.nebraska.gov/clickBackground/
Nevada	775-684-6262	https://rccd.nv.gov/
New Hampshire	603-223-3867	https://www.nh.gov/safety/divisions/nhsp/jib/crimrecords/
New Jersey	609-882-2000 ext. 2918	https://www.njsp.org/criminal-history-records/
New Mexico	505-827-9181	https://www.dps.nm.gov/top-links-for-nm-residents/fingerprinting-and-background-checks
New York	212-428-2943	https://www.criminaljustice.ny.gov/ojis/recordreview.htm
North Carolina	919-890-1000	http://ncsbi.gov/Services/Background-Checks.aspx
North Dakota	701-828-5500	https://attorneygeneral.nd.gov/public-safety/criminal-history-records/requesting-criminal-history-record-check
Ohio	740-845-2000	https://www.ohioattorneygeneral.gov/Individuals-and-Families/Consumers/Requesting-Your-Own-Criminal-Records





Oklahoma	405-848-6724	https://osbi.ok.gov/services/criminal-history
Oregon	503-378-5470	https://www.oregon.gov/dhs/business-services/chc/Pages/index.aspx
Pennsylvania	888-783-7972	https://epatch.state.pa.us/Home.jsp
Rhode Island	401-274-4400	http://www.riag.ri.gov/BCI/index.php
South Carolina	803-737-9000	https://catch.sled.sc.gov/
South Dakota	605-773-3331	https://atg.sd.gov/LawEnforcement/Identification/backgroundcheckrequirements.aspx
Tennessee	615-744-4057	https://www.tn.gov/tbi/divisions/cjis-division/background-checks.html
Texas	855-481-7070	https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/
Utah	801-965-4445	https://bci.utah.gov/criminal-records/
Vermont	802-241-5320	https://secure.vermont.gov/DPS/criminalrecords/
Virginia	804-674-2131	https://www.vsp.virginia.gov/CJIS_Criminal_Record_Check.shtm
Washington	360-534-2000	https://www.wsp.wa.gov/crime/criminal-history/
West Virginia	304-746-2170	https://www.wvsp.gov/Criminal%20Records/Pages/default.aspx
Wisconsin	608-266-7314	https://recordcheck.doj.wi.gov/
Wyoming	307-777-7181	http://wyomingdci.wyo.gov/dci-criminal-justice-information-systems-section/criminal-records-section/criminal-history-checks





ABC License Fee Schedule

LICENSE TYPE (\$)	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 *Includes Liquor/Wine/Beer	\$ 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 31st ***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>		



**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 218 East Main St., Lexington, KY 40507. Payments can also be made online at lexingtonky.gov/abc

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: _____





Alcoholic Beverage Control 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 the local ABC 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 ☐

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
- ☐ NQ3 Private Club
- ☐ NQ4 Retail Malt Beverage Drink (**Beer by the Drink**)
- ☐ Special Sunday Retail Drink
- ☐ 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: _____

Compliance Officer

Date: _____

DIVISION OF REVENUE

218 E. MAIN STREET

PHONE: (859) 258-3340 Fax: (859) 258-3379

Transfer: YES ☐ NO ☐

Account Status: CURRENT ☐ NOT CURRENT ☐

Account No. _____

Reviewed by: _____

Signature of Reviewing Authority

Date: _____

FIRE PREVENTION BUREAU

219 E. THIRD STREET

PHONE: (859) 231-5668

Total Occupancy: _____ Additional Occupancy Area: _____

Notes: _____

Inspected/Reviewed by: _____

Signature of Inspecting Authority

Date: _____

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: _____

Signature of Inspecting Authority

Date: _____

ENVIRONMENTAL HEALTH SERVICES

650 NEWTOWN PIKE

PHONE: (859) 231-9791 Fax: (859) 231-9459

Inspected by: _____

Signature of Inspecting Authority

Date: _____





Application Review Process

Site Inspection - An 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 **CANNOT** be issued prior to 30 days past the date of the legal publication. (KRS 243.360)

Completed Packet Checklist

Make sure you include the following items in your packet to the local ABC office for review:

- ☐ Affidavit of publication and newspaper clipping
- ☐ Criminal background check(s) from the approved list provided in this packet
- ☐ Articles of incorporation / partnership papers / organizational papers
- ☐ Deed / lease / permit
- ☐ Lexington ABC Basic License Form
- ☐ Fee payment form
- ☐ Final Inspection Form
- ☐ Diagram / Floor plan
- ☐ Photocopy of driver's license / Photo I.D.





Example of Newspaper Advertisement

Your company name, d/b/a Name hereby declares its intention(s) to apply for a _____ license (list all license types applied for) no later than _____ (date you intend on submitting the application to ABC). The licensed premises will be located at _____ (business address). The sole owner and president is _____ (list all owners/officers to show 100% ownership, including a contact address). Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 500 Mero St 2NE33, Frankfort, Kentucky, 40601, within thirty (30) days of the date of legal publication.

Example

ABC Company, Inc. d/b/a Your Liquor Place hereby declares its intention(s) to apply for a Quota Retail Package license and NQ Retail Malt Beverage Package license no later than September 30, 2019. The licensed premises will be located at 123 Only Street, Somewhere, Kentucky, 40000. The sole owner and president is Sally Smith, 456 Lone Alley, Anywhere, Kentucky, 40001. Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 500 Mero St 2NE33, Frankfort, Kentucky, 40601, within thirty (30) days of the date of legal publication.

