Complete and submit the entire City Application (including required sign off of local agencies). As part of this City application please include a copy of your State online application and any attached documents submitted with this application (Ex: Lease, Newspaper advertisement, articles of incorporation, management agreements). Forms submitted without all required documentation and fees will not be reviewed by the local administrator. After the local administrator has reviewed and either approved or denied the application, that determination will be submitted to the State of Kentucky via online approval / denial process as established by the Kentucky Alcoholic Beverage. *All properties identified in the application for an alcohol license are subject to inspection during the application approval process.*

Also, for any new business entity, a Bowling Green Business Registration Application must be completed and returned with the appropriate fee attached with this application form. (See below)

Payment of all alcohol license fees to the City of Bowling Green, Kentucky must be submitted with this application in the form of a Check or Money Order are made payable to the City of Bowling Green KY. Credit Card payments are also accepted by Visa, MasterCard, American Express and Discover.

The following City ABC license fees are listed at the "full year rate": *Fees (not including temporary) are prorated to half price after November. These fees are separate from the State ABC fees and renewed separately from the State renewal fees.*

NQ Retail Malt Bev Package	\$ 200.00	Quota Retail Drink	\$ 1,000.00	Special Sunday Retail Drink	\$ 300.00
NQ-4 Retail Malt Bev Drink	\$ 200.00	NQ-1 Retail Drink	\$ 2,000.00	Supplemental Bar License	\$1,000.00
Microbrewery License	\$ 500.00	NQ-2 Retail Drink	\$ 1,000.00	Extended Hours Supplement	al \$2,000.00
Malt Beverage Distributor	\$ 400.00	NQ-3 Retail Drink	\$ 300.00	ABC Cater License	\$ 800.00
Brewers License	\$ 500.00	Quota Retail Package	e \$ 1,000.00	Temp Auction License	\$ 100.00
Temp Beer	\$ 25.00	Temp Wine	\$ 50.00	Temp Liquor by the drink	\$ 50.00

Bowling Green Occupational License Fees:

Registration Fee	\$	50.00 (not pro-rated)	Entertainers License	\$ 240.00 (pro-rated)
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Check List:

- 1. If you do not own the building where you plan to establish your licensed business, you must include a copy of the lease, dated and signed by both the lessee and the lessor. The Lessee must be the same party, or parties, as listed on the Application Forms. The lease must be valid and in force through the full licensing period. The City's license period ends annually on April 30.
- 2. Have you completed the four forms for the local agencies and obtained the signature of an authorized representative for that agency?
- 3. If doing a transitional license, have you provided documentation that the closing has occurred?
- 4. If a restaurant do you have your health department food permit?
- 5. Is required fees attached?

. If you have questions concerning this application call (270) 393-3000 or visit us at 1017 College Street, City Hall Annex. Our mailing address is P. O. Box 1410, Bowling Green, Kentucky 42102-1410.

ALCOHOLIC BEVERAGE CONTROL APPLICATION FORM City of Bowling Green, Kentucky

1017 College Street; P. O. Box 1410, Bowling Green, Kentucky 42102-1410

(270) 393-3000

www.bgkv.org

SECTION ONE:

Name of Applicant:	
d/b/a:	
Address of Premise To Be Licensed:	
Mailing Address:	
Business Phone:	Contact Email Address
Cell Phone:	Fed Id
Email Address:	Desired Opening Dated

SECTION TWO:

Fees: (Fill in amount(s) from our attached Schedule for each applicable license)-Note fees for annual licenses are prorated by half if anticipated start of date of business is after November.

NQ Retail Beer Pack	\$ NQ4 Retail Malt Dr	\$ NQ3 Retail Drink	\$
Quota Retail Package	\$ Supplemental Bar	\$ Brewers License	\$
NQ1 Retail Drink	\$ NQ2 Retail Drink	\$ Wholesale Liquor	\$
Quota Retail Drink	\$ Sunday Liquor	\$ Malt Bev Dist	\$
Temporary Beer	\$ Temporary Liquor	\$ Temporary Wine	\$
Other	\$ Temporary Auction	\$	

Total ABC Fees Remitted:	\$
Bowling Green Occupational Fees Included:	\$
Live Entertainment License Fee if Applicable	\$

FEE DUE:

\$

SECTION THREE:

Complete the following for the business owner, partner (s) and all persons having an interest in the business to be licensed. List all owners, officers, partners or managing members. 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. Complete below – you may attach a separate listing as long as it contains required information.

NAME	TITLE	STREET ADDRESS	STATE & ZIP CODE	DOB	SS#	PHONE	EMAIL

SECTION THREE:

1. Is this a publicly-traded co	ompany?	Yes		No				
If yes, attach the c (10%) or more inte					ers and any	person who own	s ten percent	
If no, attach the c	riminal backgrou	Ind checks for all	persons listed	in Section Th	ree for the s	tates resided in t	for the past five ((5) years .
2. Does the applicant have c entire license perio And bounds etc.)								or metes
3. Is the applicant a corporat	tion, limited parti	nership, limited lia	bility company	(LLC) or othe	er legally rec	cognized entity?		
If yes: a. Identify the state b. Attach a copy o c. Attach a copy o	of the applicant's	Certificate of Exi	rated or organi stence or Certi	zed: ficate of Auth	ority to do b	ousiness in Kentu	icky.	
4. Has the applicant or any p	person named in	Section C been of	convicted of a r	nisdemeanor	directly or i	ndirectly related	to	
alcohol or a contro	blied substance	within the past two	o (2) years?		YES	No		
SECTION FOUR:								
Affidavit								
application is incorporated at best of my knowledge, informa Bowling Green, Kentucky, I he licensed premises listed above: the licensed premises if the pub public disorder during the cours	tion and belief. I reby consent to the (b) confiscation of blic health, safety,	further understand the authority of the A of articles found on a morals and welfare	and that the answ that in accordand locoholic Bevera said licensed pro is threatened by	vers contained ce with Sectior ge Control Ad emises in viola	therein plus 4-4.02 of th ministrator an tion of any O	the questions respo e Alcoholic Bever nd his investigator rdinance or Statute	onded to above are age Control Ordin s for: (a) inspectio e; and (c) emergen	ance of the City of ons and searches of the ney temporary closure of
Date of Application:		_Signature of	Applicant:					
		Applicant's T	Title:					
This is to certify the		oing documen	t was subs	cribed and	l sworn	to before m	e this the	day of
		NOTAR	RY PUBLIC			NOTA	ARY NUMBE	
	C	ounty of	S	tate of		My Co	mmission Exp	ires
	Арр	oroved:						
						e Control Adı		
	De	nied						
						Carta I A I		

VERIFICATION OF FOOD SERVICE COMPLIANCE Related to City of Bowling Green, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

This form must be completed by the Barren River District Health Department, Environmental Division, 1109 State Street, Bowling Green, Kentucky before submitting your application for an Alcoholic Beverage License.

This is to certify that the property located at______, to be occupied by a Food

Service Establishment known as ______, Has contacted this office in order to obtain all necessary food service permits required by the Kentucky Food Service Code, with the following conditions, if any:

Signed this _____, 20 _____,

Barren River District Health Department Representative

THIS FORM DOES NOT VERIFY THAT THE ABOVE NAMED BUSINESS QUALIFIES FOR STATUS AS A "RESTAURANT" UNDER STATUTES, ADMINISTRATIVE REGULATIONS OR BOWLING GREEN CITY CODE PERTAINING TO ALCOHOLIC BEVERAGE CONTROL. SUCH VERIFICATION IS MADE BY THE CITY ALCOHOLIC BEVERAGE CONTROL ADMINISTRATOR.

VERIFICATION OF ZONING COMPLIANCE Related to City of Bowling Green, Kentucky **APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

This form must be completed by the City-County Planning Commission, located at 922 State Street, Bowling Green, Kentucky, before submitting your application for an Alcoholic Beverage License.

The current zoning of the property located at ______ Bowling Green, Kentucky is ______.

This zoning does / does not (circle one) allow for the sale of alcoholic beverages by the drink or package, with the following conditions if any:

Signed this ______, 20____.

City-County Planning Commission Representative

VERIFICATION OF BUILDING CODE NOTIFICATION Related to City of Bowling Green, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

This form must be completed by the City's Department of Neighborhood and Community Services, located at 707 East Main Avenue, Bowling Green, Kentucky, before submitting your application for an Alcoholic Beverage License.

This is to certify that the property located at______, to be occupied by the business known as ______, has contacted this office in order to obtain information for compliance with the Department of Housing and Community Development.

Signed this ______, 20____,

Housing & Community Department Representative

*THIS FORM DOES NOT VERIFY THAT THE ABOVE NAMED BUSINESS IS IN COMPLAINCE, ONLY THAT A CONTACT WITH HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT HAS BEEN MADE. *

VERIFICATION OF FIRE DEPARTMENT NOTIFICATION Related to City of Bowling Green, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

This form must be completed by the City's Fire Department, 625 E. 6th Ave, Bowling Green, Kentucky, before submitting your application for an Alcoholic Beverage License.

This is to certify that the property located at ______, to be occupied by the business known as _______, has contacted this office in order to obtain information concerning the City's Fire Department requirements for building safety.

Signed this ______, 20____,

City Fire Department Representative

*THIS FORM DOES NOT VERIFY THAT THE ABOVE NAMED BUSINESS IS IN COMPLAINCE, ONLY THAT A CONTACT WITH FIRE DEPARTMENT HAS BEEN MADE. *

Business Name	 	
Premise Address		
City Account Number		

Enclosed is check or money order # Make payable to the Treasurer , City	for \$ of Bowling Green and mail to P.O. Box	1410, Bowling Green KY 42102.
	OR	
Please bill my Visa MC	DIS Account #	Amt \$
Expiration	Security Code (3 digits on back of card)	
Authorized Signature		
Billing Address for Card _		
_		
If paying by	credit card, form may be faxed to 270-3	93-3636