

RENTAL AGREEMENT FOR USAGE OF
THE INDEPENDENCE SENIOR CITIZEN AND COMMUNITY
CENTER

The Center is a NO SMOKING facility
(Including restrooms).

Date: _____

This Rental Agreement is between the Independence Senior Citizens and Community Center, 2001 Jack Woods Parkway, Independence, Kentucky 41051 ("the Center") and, the following, hereinafter "**Renter**";

Name: _____

Address: _____

Telephone Numbers: (Daytime) _____
(Evening) _____

Pursuant to the following terms and conditions:

1. The **Renter** desires to rent the following area(s) in the Independence Senior and Community Center :

Hall A –(up to 60 people no exceptions) rooms 110 & 109

Hall B–(up to 90 people no exceptions) rooms 108,107 & 106

Hall C – (150 people no exceptions) all rooms

Will Event be Catered	Yes_____	No_____	Initial_____
Will Beer be Served	Yes_____	No_____	Initial_____
Will Wine be Served	Yes_____	No_____	Initial_____
Will Distilled Spirits be Served	Yes___	NO_____	Initial_____

Event: _____

Number of Guests: _____

2. RENTAL PERIOD AND FEES: The Renter shall have the use of the rented portion of the premises on _____20____, between the hours of _____.M. and _____.M. This period should include set up time. The base rental rate covers up to four (4) hours **plus an hour set up time**. Additional time **if available** of up to 2 hours may be requested at the hourly rate of \$100.00 for each additional hour needed. Anything less than a four hour rental period Monday through Thursday is at the discretion of the Parks & Recreation Director.

Premises must be vacated by 10 P.M. on weekdays and Sundays and by 12:00 A.M. on weekends. The facility is not available for rent on New Year's Eve, New Year's Day, Easter, Fourth of July, Thanksgiving, Christmas Eve and Christmas Day.

RENTAL CHARGE: The rental charge shall be the sum of \$_____

Such charge shall cover only that portion of the premises rented (rental hall/meeting room, entry foyer, restrooms and patio/deck). The Renter and the persons attending the event shall not be permitted to use any other part of the building or equipment.

Rental fee is **as follows: Hall A - \$160 resident and \$200 non- resident; Hall B - \$ 240 resident and \$300 non-resident and Hall C - \$ 400 resident and \$500 non-resident**. The number of rooms needed may vary with table and chair set-up.

The rental charge includes the set-up of tables and chairs and clean up after the event. Renter must leave the facility and the grounds in the condition in which it they found it. If extraordinary clean up must be performed, the security deposit may not be refunded. Extraordinary clean up is at the discretion of the Center.

2. SECURITY DEPOSIT: An additional charge, paid with the application, shall be made to secure the intent to rent the facility and cover any damage or loss that may occur to the premises or its contents, and only after it has been determined by the Center that no damage has been done to the building or loss to its contents during said event shall it be refunded. The deposit rate

shall be determined by the amount of space used for the event. **Hall A** rental = \$100.00, **Hall B rental** = \$150.00, ~~**Hall C rental**~~ = \$200.00. The deposit may be held for up to four (4) weeks following the date of rental. The Renter may request a tour of the building and a review of its contents prior to the event in order to verify the condition of the building and its contents. Any damage or loss occurring to the building or its contents shall be the responsibility of the Renter. To the extent required, the damage of the deposit shall be used to repair any damage or pay for any loss. Any damage or loss occurring in excess of the deposit shall be paid to the Center immediately upon demand. This may include the cost of time spent by any Center employee, volunteer, or contractor (including materials) needed to clean or repair the premises or disperse the group or deal with disturbances. Persons signing this permit agree to make immediate settlement for any such cleaning, loss, breakage, etc.

An application must be made by submitting this rental agreement form properly signed with payment in full by check(s) or money order. Applications **and insurance certificate** must be filed with payment in full at least **30 days** before the event. **If the Agreement is signed within the 30 days time frame, the entire rental fee and deposit are due at the time the Agreement is signed.** The check must be made payable to the City of Independence. **No third party checks shall be accepted by the City. The name and address on the check issued for all payments shall be as it appears on the Rental Agreement.**

4. ACTS BEYOND THE CENTER'S CONTROL: In the event the hall is not available due to an act of God or other casualty, the rental charge and any deposit shall be refunded in full. The Center shall not be responsible for the unavailability of the premises due to an act of God or other casualty. Renter's sole and exclusive remedy shall be a return of the rental charge and security deposit.
5. TRANSFERABILITY: The right to use the premises is not transferable.
6. POLICE/ SECURITY: In the event that the Center should deem it necessary to have police/security (City or County) at the

function, it shall be the responsibility of the Renter to engage such personnel at Renter's expense.

7. REFUND OF RENT: The room rental fees paid will not be refunded unless a cancellation occurs more than **fourteen (14)** days prior to the date of the event. The Security Deposit will not be refunded upon cancellation.

8. ALCOHOLIC BEVERAGES: The Center does not maintain a liquor license. It is the responsibility of the Renter to obtain any licenses or permits necessary to serve alcohol at an event. **To dispense alcohol, appropriate host (Renter) liability insurance in the amount of \$500,000 must be provided to the city naming the city as an additional insured on the policy. No minors are permitted alcohol under any circumstances.**

9. GAMBLING: The **Renter** is not permitted to engage in gambling or gambling type activities in the Center.

10. CATERING: The Renter may furnish his/her own caterer. The entire kitchen area will be strictly prohibited to everyone except employees of the city.

The caterer must furnish a Certificate of his/her own liability Insurance policy in the amount of \$500,000 to the Center as outlined herein.

11. EQUIPMENT AND SUPPLIES: Tables and chairs shall be furnished by the Center to adequately seat the number of persons stated on this Agreement. Renter must supply cups, linens, china, flatware, etc., and is responsible for food, drinks, snacks, decoration, etc.

Only table decorations or free standing decorations are permitted (if using candles they must be in glass containers). Decorations may not be hung on walls or ceilings.

Glitter, rice, confetti, bird seed or any other like materials are not permitted. Also fish and animals are not permitted in the building. Renter is required to remove and properly dispose of all decorations.

- 12. INSURANCE AND LIABILITY:** Neither the City of Independence's nor the Independence Senior Citizens & Community Center, Inc.'s insurance will protect either the Renter or the Renter's guests, employees, agents, servants or caterer from claims arising out of the Renter's use of the rented premises. Renter is strongly advised to consult with Renter's legal counsel and insurance agent to determine both liability exposure and insurance protection available to Renter when hosting the event for which the premises are being rented this is true if alcoholic beverages are served or are not served.
- 13. COMPLIANCE WITH LAWS:** The Renter agrees to comply with all laws of the state of Kentucky and the United States of America, and the Renter agrees not to use or occupy the premises for unlawful purposes or permit others to use the premises for unlawful purposes, and will conform to and abide by all laws and regulations of any governmental body or agency, and the rules and regulations of the Center regarding said premises or the use thereof.
- 14. DAMAGES:** The Renter, in consideration of this Agreement, and other good and valuable considerations, the receipt and sufficiency of which are hereby stipulated, does hereby agree to indemnify and hold the City, its council, employees, officers, and the Independence Senior Citizen's and Community Center, Inc., its officers and members, free and harmless of any and all demands, causes of action or any other claims whatsoever for damage to property, or injury or death to persons, arising out of, or connected with, the rental and use of the premises by the Renter and all persons attending the event.
- 15. PARKING:** The parking lot accommodates approximately 150 regular parking spaces and seven handicapped parking spaces. Parking is shared with Memorial Park. The City and the Center assume no liability or responsibility whatsoever for inadequate parking for event participants or damages to any vehicles or contents thereof.
- 16. LOUD DISTURBANCE:** Excessive noise shall not be permitted on city property. It is the responsibility of Renter to control such things as music, speakers, boisterous participants, etc. Failure to control may result in closing of event in addition to any criminal charges that may result.

17. AUTHORITY OF SIGNATURE: The person(s) executing this Agreement, for and on behalf of the Renter, hereby warrant that he/she is authorized to act in such a capacity and has been duly authorized by such organization, and hereby assumes personal liability for the costs of excessive cleanup of the premises, breakage or removal of the Center property by the Renter or any members or guests thereof. In case this permit is issued to a group of persons under 21 years of age a minimum of two persons 21 years of age or older must be present at all times. This agreement must be signed by a person at least 21 years old who will be present. Neither the City of Independence nor the Center is responsible for loss of or damage to personal property.

I hereby certify that I have reviewed the above contract provisions and hereby agree to the terms and conditions hereof. I also certify that I have received a copy of the rules and regulations

SIGNATURE OF RENTER

INDEPENDENCE

PARKS & RECREATION DIRECTOR

CITY of INDEPENDENCE, KENTUCKY
APPLICATION FOR ALCOHOL SALES LICENSE

Applicant Name & Business Address (Please print)

Name: _____

DBA: _____

Business Address: _____

City _____

State & Zip: _____

Business Phone: _____ Alternate Phone: _____

Today's Date _____ 20____

LEAVE BLANK

License No. _____

Kind of License (1) _____

Kind of License (2) _____

Date Received _____

Amount Paid: _____

Date Issued _____

1. Amount of City license fee, **remitted herewith**: \$ _____ (see attached Schedule of Fees)
2. Period to be covered by license: from _____ 20 ____ through _____ 20 ____
3. 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 licensed, and officers, directors and resident managers if business is incorporated. (use additional pages, if necessary).

NAME & ADDRESS (Give name and complete home address)	Nature of Interest in Business or Official Position as business proprietor partner, director, etc.	Citizen of U.S. Yes/No	Date of Birth	Date Residence Established in Ky. if Kentucky Resident
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. (Check answers to both questions) Have any of the persons named in statement 3 had a license issued under any alcoholic control law revoked for cause within the last two years? YES ____ NO _____. At any time? YES ____ NO _____. If the answer to either question is yes, attach a statement giving full explanation of each such revocation.
5. (Check answers to both questions) Have any persons named in statement 3 been convicted of a felony or misdemeanor directly or indirectly attributable to the use, manufacture, sale or traffic in alcoholic beverages within the last 2 years? YES ____ NO _____. At any time? YES ____ NO _____. If any convictions have occurred at any time attach a statement giving a full explanation of each such conviction.
6. Has any relative, either by blood or marriage, of the applicant had an alcoholic beverage license revoked? YES ____ NO _____. If answer is yes, attach statement giving full details.
7. Has an alcoholic beverage license been revoked for these premises? YES ____ NO _____. If answer is yes, attach a statement giving a full explanation.
8. Have any of the persons named in the statement 3 had a license suspended or denied? YES ____ NO _____. If answer is yes, attach statement giving full details.
9. Were you licensed to sell distilled spirits and wine or beer at anytime during the past 12 months? YES ____ NO _____. If yes, give license # _____. Are you transferring this license to a new location? YES ____ NO _____. If yes, give license number and by whom _____.
10. Have the premises been licensed for the sale of distilled spirits and wine or beer at anytime during the past 12 months? YES ____ NO _____. Are the premises now licensed? YES ____ NO _____. If yes, give license number and by whom _____.
11. Is applicant a corporation? YES ____ NO _____. If answer is yes, give state in which incorporated _____. If not incorporated in Kentucky, is the corporation authorized by the Secretary of State to do business in Kentucky? YES ____ NO _____. If answer is yes, give state in which incorporated _____.
12. Is the applicant the owner of the premises to be licensed? YES ____ NO _____. If the answer is No, do you have a lease covering the full license period for the premises to be licensed? YES ____ NO _____. Also, if the answer is No, you must attach a copy of your lease covering the full license period for the premises to be licensed. Give date lease expires _____. If the applicant is not the owner of the premises to be licensed give:

Name _____ Address _____
Age _____ Citizenship _____

13. Is the applicant a citizen of the United States? YES ___ NO ___
14. Is the applicant a resident of Kentucky? YES ___ NO ___ Date of residency _____
15. Will you, in good faith, abide by the laws of the United States; Commonwealth of Kentucky, and the ordinances of the City of Independence relating to the traffic in spirituous, vinous and malt liquors? _____
16. I hereby consent to the retail sale of alcoholic beverage as defined by law on my property located at _____, Kentucky.

Name _____ Address _____
(Signature)

17. Are the premises to be licensed located within an incorporated city or town? YES ___ NO ___
18. Will any other business be conducted in conjunction with the business authorized by the license herein applied for? YES ___ NO ___ If answer is yes, describe below kind of business: _____
19. Is the entire license fee paid by the applicant and by no other person? YES ___ NO ___
20. Are premises to be licensed on same street as, and within 200 feet of the nearest school, hospital, church or other place of worship? YES ___ NO ___ If yes, give distance from the nearest outside wall of the building on the licensed premises to nearest outside wall of the church or school building. _____
21. Are the premises to be licensed and the entrance thereto located on the street level? YES ___ NO ___ If answer is no, is the business a hotel, club or restaurant that has been in business as such in which liquor has been sold at retail under a valid license for the last year? YES ___ NO ___
22. Are the premises to be licensed located in a business center or on a main thoroughfare? YES ___ NO ___ If answer is no, submit a diagram of surrounding territory showing exact location of premises with relation to other buildings. _____
23. Are you familiar with Kentucky Revised Statute 243.500, prohibiting gambling on licensed premises? YES ___ NO ___
24. Have you, or any individual in your employment, at any time in the past 2 years, been convicted of a gambling offense, or possessing gambling equipment? YES ___ NO ___
25. Do you know that under Kentucky Law you are responsible for the acts of your employees on your licensed premises? YES ___ NO ___

AFFIDAVIT

I, _____ of _____ do hereby solemnly swear or affirm that all statements made and information given in this application, accompanying documents and other materials are true and correct to the best of my knowledge, information and belief, that I am familiar with all laws, rules and regulations governing the business for which application is made, and that in the conduct of the business authorized by the license herein applied for all such laws, rules, and regulations will be strictly obeyed, and that I have also read KRS 243.490-500 of the Alcoholic Beverage Control law relative to causes for revocation of suspension of license. I further understand that if I am granted an extended hours permit that such permit shall not be property right and that it may be revoked or suspended at any time provided by law.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

(Notary Signature) My Commission expires on _____

This certifies that the applicant herein above named has been approved for the type of license applied for and at the premises above specified.

Signature of approval _____ Date _____
(ABC Administrator)

SCHEDULE OF FEES

- 1) Distilled spirit licenses as set forth in KRS 243.030:
 - (a) Distiller's license, per annum\$500.00
 - (b) Rectifier's license, per annum\$3,000.00
 - (c) Blender's license, per annum\$3,000.00
 - (d) Wholesaler's distilled spirits and wine license, per annum\$3,000.00
 - (e) Distilled spirits and wine retail package license, per annum:\$1,000.00
- (2) Distilled spirits and wine retail drink license, motel drink license, airport drink license, restaurant drink license, or supplemental bar license, per annum: f the second class\$1,000.00
- (3) Distilled spirits and wine special temporary liquor license, per event:\$166.66
- (4) Special temporary wine license, per event\$50.00
- (5) Distilled spirits and wine special temporary auction license, per event\$200.00
- (6) Special private club license, per annum\$300.00
- (7) Distilled spirits and wine special Sunday retail drink license, per annum.....\$300.00
- (8) Extended hours supplemental license, per annum\$2,000.00
- (9) Non-resident special agent or solicitor's license, per annum\$40.00
- (10) Restaurant wine license, per annum:
 - (a) New applicants\$600.00
 - (b) Applicants for renewal\$400.00
- (11) Caterer's license, per annum\$800.00
- (12) Riverboat license, per annum\$1,200.00
- (13) Horse race track license, per annum\$2,000.00
- (14) Convention center or convention hotel complex license, per annum\$2,000.00
- (15) Bottling house distilled spirits license or wine storage license, per annum\$1,000.00
- (16) Automobile race track license, per annum\$2,000.00
- (17) Souvenir retail liquor license, per annum\$1,000.00
- (18) Malt beverage licenses as follows:
 - (a) Brewer's license, per annum.....\$500.00
 - (b) Microbrewery license, per annum\$500.00
 - (c) Malt beverage distributor's license, per annum\$400.00
 - (d) Retail malt beverage license, per annum\$200.00
 - (e) Special temporary retail malt beverage license, per event\$25.00
 - (f) Malt beverage brew-on-premises license, per annum\$100.00
- (19) Limited restaurant license or limited golf course license, per annum (includes distilled spirits, wine, and malt beverages), new applicants:\$1,200.00

INSTRUCTIONS

For Obtaining a Ky. State ABC Temporary License

- STEP 1.** Complete this application form. Be sure to list a daytime phone number, fax number, e-mail address in case we need to contact you or send you your license(s).
- STEP 2.** All applicants who do not own the property to be licensed shall attach a lease or letter of permission to use the property from the owner of the real estate where your special temporary event is being held.
- STEP 3.** If the applicant is "for profit" company state law issues temporary licenses in conjunction with organized charitable, civic or community sponsored events. If the charity, civic organization, or community sponsored group has asked you to obtain this temporary license in their behalf, please provide written documentation stating this information.
- STEP 4.** All applicants are responsible for providing a recent copy (no more than 30 days old) of a statewide police criminal background check from all states where you have resided for the past (5) years. For Kentucky dial (502) 928-6381 or go to <http://www.courts.ky.gov>
- STEP 5.** ***We do not accept cash!*** Attach your license fee by certified check, cashier check, money order, or credit card made payable to: Kentucky State Treasurer.
- STEP 6.** Take your application to the Local ABC Administrator in the area your event site is located. Obtain the signature of your local administrator on the bottom of page 3 or make arrangements for the local ABC administrator to mail or fax your approval slip to the Kentucky State ABC Department in Frankfort. You may need to pay a local fee and / or fill out a local application for a local license as well as this state application.
- STEP 7.** Submit your application to the Kentucky Department of A.B.C. well in advance of your special event date to insure ample time for processing. Completed and approved forms not received at least **7 days in advance** cannot be guarantee issuance.

Commonwealth of Kentucky
DEPT. OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
Fax (502) 564-1442
<http://abc.ky.gov>

Summer –Time Refresher

Summer-time means picnics, carnivals and other outdoor festivals. For some that means brats, and beer. Beer, distilled spirits, and wine may be sold at these short term events on a temporary ABC license. This note is to remind you that:

1. You must submit your application to the State ABC Office in Frankfort at least 7 days before the event;
2. You are required to submit sworn information regarding the purpose of the license and nature of the event;
3. Effective June 30, 2010, and in conformity with State law, you must submit a criminal background check;
4. Temporary licenses are not intended for just any short term commercial venture, it will be issued only in conjunction with a organized charitable, civic or community sponsored event.
5. KRS 244.060 requires that you purchase your alcoholic beverages for this special temporary event from a licensed Kentucky liquor and wine wholesaler or a licensed Kentucky beer distributor. Your yellow pages of the phone book will have a listing of these companies in your area

SCHEDULE "TEMPORARY" LICENSE

Applications may be returned if all questions are not answered completely.

LEAVE BLANK – FOR ABC USE ONLY

License # _____ \$ _____ Val. _____ License # _____ \$ _____ Val. _____

License # _____ \$ _____ Val. _____ License# _____ \$ _____ Val. _____

Malt Beverage Administrator's Approval _____ Date _____

Distilled Spirits Administrator's Approval _____ Date _____

(A). Name of person(s) or company to be licensed _____

Name of this special event _____

Address of premises to be licensed _____

(Where the alcoholic beverages will be sold)

City _____ County _____ State _____ 9 digit zip code _____

Mailing address if different from above _____

Contact person 8:00 am – 4:30 pm _____ e-mail address _____

Contact phone _____ Fax _____

List the type(s) of temporary license(s) you are applying for _____

(B).

1. Amount of fee enclosed...(Make certified check, cashier check or money order payable **to Kentucky State Treasurer**)..... \$ _____

(See fee chart on the back page of this application)

2. Period to be covered by license from (month) _____ (day) _____ (year) _____. Through

(Month) _____ (day) _____ (year) _____.
(Each event requires a separate application, fee and license.)

3. **WHAT IS THE DATE (S) AND TIME (S) OF YOUR SPECIAL EVENT?** _____

4. Kentucky law limits temporary licenses to public events.

Therefore, do you agree not to exclude the public from this special event?

☐ Yes ☐ No

5. Are you the owner of the real estate where the premises are to be licensed?

☐ Yes ☐ No

If no, attach a copy of your lease or letter of permission to use this property, signed by you and the owner of the real estate. List the real estate owner's name. _____

(C).

6. Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			☐ Yes ☐ No			%
	H W F O			☐ Yes ☐ No			%

- (D).**
7. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No
If yes, list the name of the city or town. _____.
8. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
9. Is the applicant a corporation, limited partnership, or limited liability company, in good standings with the Kentucky Secretary of State? ☐ Yes ☐ No
10. Has the applicant(s) been licensed to sell alcoholic beverages? ☐ Yes ☐ No
If yes, list your state ABC license number(s)._____.
11. Has the applicant or any person named in statement 6 been convicted of any felony in the past five (5) years? ☐ Yes ☐ No
Has the applicant or any person named in statement 6 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.
12. Has the premises to be licensed or any person listed in this application had a 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.
13. Give a brief description of the purpose for this special temporary license.
14. 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.

(E).**AFFIDAVIT OF PERSON APPLYING FOR THE KENTUCKY ABC LICENSE(S)**

I do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I also swear or affirm that no persons listed in Section D-7 of this application are in default of a repayment obligation, such as a student loan repayment, under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA). KRS 164.772.

Signature of Applicant _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, year of _____. My commission expires _____

Notary Public _____ County of _____, Commonwealth of Kentucky

(F).**OBTAIN SIGNATURE OF YOUR LOCAL ABC ADMINISTRATOR**

Your Local ABC Administrator must approve this application schedule before it is forwarded to the State ABC. Take or mail this application schedule, fee and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office in Frankfort, Kentucky

This certifies that the application(s) herein above named have been approved for the type(s) of licenses applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ DATE _____

☐ City of _____ Administrator or the ☐ County of _____ Administrator
(G).**You may now forward this application schedule, all attachments, and your state license fee to:**

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
 1003 Twilight Trail
 Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
 Fax (502) 564-1442
<http://www.abc.ky.gov>

TYPES OF LICENSES & FEES

Check ☒ the boxes for the type(s) of license(s) you are applying for.

To determine the ABC license fee(s), find the license type(s) in the left column, then move right across the table.

Attach a certified check, cashier check, or a money order.

Make check payable to: KENTUCKY STATE TREASURER
NO CASH!

LICENSE TYPE	PREFIX	☒	PER EVENT FEE
TEMPORARY BEER BY THE DRINK <i>Under Ky. Revised Statute KRS 243.290 & 804 KAR 4:250</i>	TB	☐	50.00
TEMPORARY WINE BY THE DRINK <i>Under Ky. Revised Statute & Adm. Reg. KRS 243.260 & 804 KAR 4:250</i>	TW	☐	50.00
TEMPORARY LIQUOR AND WINE BY THE DRINK <i>Under Ky. Revised Statute & Adm. Reg. KRS 243.260 & 804 KAR 4:250</i>	TD	☐	100.00
TEMPORARY LIQUOR AND WINE AUCTION BY THE PACKAGE <i>Under Ky. Revised Statute KRS 243.036</i>	TA	☐	100.00
TOTALS			

CHECK LIST

- Have you attached a certified check, cashier check, money order, or credit card information payable to: Kentucky State Treasurer? **We do not accept cash!** ☐ Yes ☐ No
- Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐ Yes ☐ No
- Have you signed and had your application(s) notarized? ☐ Yes ☐ No
- Have you attached your criminal background record check? ☐ Yes ☐ No
- If the applicant is **"For Profit"** company, have you included sworn information regarding the purpose of the license and nature of the event? ☐ Yes ☐ No ☐ N/A
- Have you attached a lease or letter of permission from the owner of the real estate? ☐ Yes ☐ No ☐ N/A
- Have you had this application signed and approved by your local ABC Administrator? ☐ Yes ☐ No ☐ None

You may now forward this application schedule, all attachments, and your state license fee to:

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
Fax (502) 564-1442

<http://abc.ky.gov/>

KY ABC-Remittance Form
January 19, 2010

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Tr.
Frankfort, Ky. 40601-8400
<http://abc.ky.gov/>

(502) 564-4850 Phone
(502) 564-1442 Fax

If you are making payment with a credit card or by EFT please provide the following information.

Print Name (as it appears on credit card) _____ Telephone No. _____

Billing Address _____

Account Number _____ Expiration Date (Month and Year) _____

Check your method of payment

AMOUNT \$ _____.

☐ Visa

☐ MasterCard

☐ Discover

☐ EFT (Bank Name) _____, (Routing #) | : _ _ _ _ _ | : (Checking Account #) _ _ _ _ _ | :

Reason for your payment

☐ ABC Licensing ☐ STAR Training ☐ ABC Fine ☐ Tobacco Fine ☐ Open Records Request

Credit or apply this payment to: (Name) _____ (DBA) _____

Site I.D.# _____. License # _____ (Phone) (_____) _____ - _____.