

City  
Alcohol Beverage Control - Basic License

State ABC Information

State Application number: \_\_\_\_\_

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

Business Information

Business / Company Name: \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Licensed Premises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Complete the following for anyone having an interest in the business to be licensed. List all of the owners, officers, directors, managing members and shareholders. If privately-held show 100% of the ownership. If publicly traded, list the three ranking officers and anyone owning 10% or more. If a non-profit, list the highest ranking director or officer of the non-profit. List as many pages as needed.

Applicant Information

Name of Applicant:	_____	Percentage of Ownership:
Title of Applicant:	_____	_____
Home Address:	_____ _____ _____	
Home Phone:	_____	
Business Phone:	_____	
Cell Phone:	_____	
U.S. Citizen (circle) :	Yes or No	
Last 4 of SSN:	_____	
Date of Birth:	_____	
List any States lived last five years :	_____ _____ _____ _____	

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	_____		
	_____		
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	_____		
	_____		
	_____		

## Application Review Process

**Site Inspection:** An inspection of the licensed premises will be conducted by ABC personnel after the application has been reviewed.

**Application Processing Time:** It will take 10 - 15 business days to process a completed application. Per KRS 243.360, a license cannot be legally issued prior to 30 days past the date of the legal ad publication.

## Informational Checklist

The following is a checklist for items that need attached to the application:

- Articles of Incorporation / Partnership papers / Organizational papers of company.
- Deed / lease / permit of building where alcohol will be sold.
- Copy of City business license for establishment and business applicant.
- Voluntary criminal background check(s) for all persons having ownership.
- Waivers from persons requiring back ground check allowing viewing by City personnel.
- Appropriate application and License Fee per ordinance.
- Proof of completion of Responsible Beverage Serving (RBA) program
- Premise inspections required by County Health Department and other governmental agencies.
- Diagram / Floor plan of the establishment including all detached structures and parking areas.
- Photocopy of Driver's License or State Issued ID.
- Attach a list of any felony convictions or any pending felony charges for all owners.
- Other required information

**VERIFICATION OF FOOD SERVICE COMPLIANCE**

**Related to Catlettsburg, Kentucky**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Applicant's business/company name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Cell Phone No.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

List all types of licenses you are applying for: \_\_\_\_\_

The remainder of this form must be completed by the Ashland-Boyd County Health Department, 2924 Holt St, Ashland, KY 41101, Phone: 606-324-7181, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: \_\_\_\_\_  
\_\_\_\_\_

This is to certify that the premises listed above have obtained all necessary food service permits in order to comply with the Kentucky Food Service Code. Please note the following conditions, if any:

\_\_\_\_\_  
\_\_\_\_\_

\*Establishment will be required to comply with applicable Kentucky Food Service Establishment Act and State Retail Food code requirements prior to commencing operation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**Ashland-Boyd County Health Department Representative**

VERIFICATION OF BUILDING CODE COMPLIANCE

Related to Catlettsburg, Kentucky

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant's business/company name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Cell Phone No.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

List all types of licenses you are applying for: \_\_\_\_\_

The remainder of this form must be completed by the State Building Inspector, [ron.hampton@ky.gov](mailto:ron.hampton@ky.gov), 500 Mero St, FL1 Frankfort, Kentucky 40601, 606-424-6943, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: \_\_\_\_\_

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This is to certify that the premises listed above meets all applicable Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of Boyd County, Kentucky. Please note the following conditions, if any:

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

City of Catlettsburg  
Alcohol Beverage License Fees

Period

Business Name:

Location Address:

Mailing Address:

Gross Receipts

Fee - 3% of Receipts

Credit for Monthly License

Amount Due

Remit Payment to:

City of Catlettsburg  
2611 Louisa Street  
Catlettsburg, KY 41129

Send copy of Return with Payment