



City of Crestview Hills
50 Town Center Boulevard, Crestview Hills, KY 41017
“Application for Alcoholic Beverage License(s)”
 Applications may be returned if all questions are not answered completely
COPY OF YOUR STATE LICENSE MUST BE ATTACHED TO THIS APPLICATION

Applicant’s name(s) or company to be licensed _____

D.B.A. (Name of Business) _____

Address of premises to be licensed _____

City; State & ZIP Code _____ Crestview Hills, KY 41017 _____ County _____ Kenton _____

Mailing address if different from above _____

Contact person: _____ Tel: _____ Fax: _____ E-Mail _____

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

Period to be covered by license(s) from (month) _____, (day) _____, (year) _____, through November 30, _____.

1. Are you the owner of the real estate where the premises are to be licensed?..... YES NO

If not, attach a copy of your lease.

2. Is the applicant a corporation, limited partnership, or limited company, in good standing, with the Kentucky Secretary of State?

YES NO

A. List the State incorporated or organized in _____

3. Is the entire License fee paid by the applicant and by no other person?..... YES NO

4. Has the applicant, owner, partner, officer, or any managing member, ever been convicted of a felony.....YES NO

If yes, attach a statement giving a full explanation, including dates of conviction(s).

5. A. Have the premises applied for been licensed to sell alcoholic beverages in the past 12 monthsYES NO

B. Are the premises currently licensed?.....YES NO

C. If yes, give the Kentucky License number (s) _____

6. Is the license being transferred to you?.....YES NO

AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)

I, (print your name here) _____ (Buyer or New Applicant), do hereby swear or affirm that statements contained in this application, and any 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 Office of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I will abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use and trafficking in alcoholic beverages.

Signature of Buyer or New Applicant _____ Title _____ Date _____

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

Notary Public _____ County of Kenton, State of Kentucky

Received by the City: _____

Occupational License Verified: Yes No

Date License Approved: _____

 ABC Administrator Signature