



CITY OF CRESTVIEW HILLS, KENTUCKY  
APPLICATION FOR SPECIAL TEMPORARY ABC LICENSE  
Application must be presented with a copy of the approved Kentucky ABC Temporary License

Name, business address, and telephone number of applicant:

**BUSINESS/ORGANIZATION:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Person or persons authorized to sign application:

**NAME & TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Dates Requested for Temporary License:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

\_\_\_\_\_

Amount of City License Fee: \$50.00

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of City ABC Administrator Date: \_\_\_\_\_