



City of Mt. Washington

311 Snapp Street
PO Box 285
Mt. Washington, KY 40047
(502) 538-8143
www.mtwashingtonky.org

Alcoholic Beverage Control License Application

(For city use only)

Date Received: _____ Account Number: _____ Approved Denied

Signature of the Mt. Washington ABC Administrator: _____

The license year coincides with the State license year, February 1 to January 31

New License Renewal Application

Date of Application: _____ Phone Number: _____

Name of Applicant: _____ Email: _____

Business Name (DBA): _____

Address of premises to be licensed: _____

Mailing Address (if different): _____

Type of License: (Check all boxes that apply)

Payment of all fees to the City of Mt. Washington must be submitted with this application in the form of a Certified Check, Cashier Check or Money Order (payable to the City of Mt. Washington).

- | | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Quota Retail Package License, per annum | \$630.00 per year |
| <input type="checkbox"/> | Special Sunday Retail Drink License, per annum | \$300.00 per year |
| <input type="checkbox"/> | Non-Quota Type 4 Retail Malt Beverage Drink License, per annum | \$200.00 per year |
| <input type="checkbox"/> | Non-Quota Retail Malt Beverage Package License, per annum | \$210.00 per year |
| <input type="checkbox"/> | Non-Quota Type 2 Retail Drink License, per annum | \$ 630.00 per year |

<input type="checkbox"/>	Quota Retail Drink License, per annum	\$630.00 per year
<input type="checkbox"/>	Distiller's License, per annum	\$500.00 per year
<input type="checkbox"/>	Rectifier's License	
	a. Class A, per annum	\$3000.00 per year
	b. Class B (craft rectifier), per annum	\$960.00 per year
<input type="checkbox"/>	Wholesaler's License, per annum	\$3000.00 per year
<input type="checkbox"/>	Non-Quota Type 1 Retail Drink License, per annum	\$2000.00 per year
<input type="checkbox"/>	Non-Quota Type 3 Retail Drink License, per annum	\$300.00 per year
<input type="checkbox"/>	Special Temporary License, per event	\$166.00 per event
<input type="checkbox"/>	Special Temporary Alcohol Auction License, per event	\$100.00 per event
<input type="checkbox"/>	Extended Hours Supplement License, per annum	\$2000.00 per year
<input type="checkbox"/>	Caterer's License, per annum	\$800.00 per year
<input type="checkbox"/>	Bottling House or Bottling House Storage License, per annum	\$1000.00 per year
<input type="checkbox"/>	Brewer's License, per annum	\$500.00 per year
<input type="checkbox"/>	Microbrewery License, per annum	\$500.00 per year
<input type="checkbox"/>	Malt Beverage Distributor's License, per annum	\$400.00 per year
<input type="checkbox"/>	Limited Restaurant License, per annum	\$630.00 per year
<input type="checkbox"/>	Limited Golf Course License, per annum	\$1200.00 per year
<input type="checkbox"/>	Qualified Historic Site, per annum	\$1030.00 per year

Total Amount Due: _____

Attachments:

Please complete the attachment checklist and attach the following to this application. Please note that the application will only be processed when all of the attachments are included.

- Copy of the legal advertisement in the Pioneer News stating the applicant intent to make such application, published once before such application is filed. (If this is attached to the State's application, that is sufficient).

- Copy of the deed or lease for the property.

- If the applicant is a corporation, a copy of the Articles of Incorporation and a list (including name, address and telephone number) of all stockholders who own more than 5% of the corporate stock (If this is attached to the State's application, that is sufficient.) Said list of stockholders must be amended at any time a change occurs which allows a person to hold more than 5% of the corporate stock.

- If the applicant is a limited liability company, the name, address and telephone number of all members of the LLC (If this is attached to the State's application, that is sufficient.) Said list must be amended upon any change in ownership.

- If the applicant is a partnership, a copy of the partnership agreement. Any changes to the partnership agreement shall be submitted to the City Clerk upon said change.

- All applicant's, all officers of any applicant corporation, all persons holding 5% more of the stock in an applicant corporation or owners of an applicant partnership or LLC shall each submit fingerprints (fingerprints included with the State application are sufficient) and a current color photograph of themselves.

- Payment of all fees to the City of Mt. Washington must be submitted with this application in the form of a Certified Check, Cashier check or Money Order (payable to the City of Mt. Washington).

Conditions:

Below are selected conditions pursuant to Ordinance 2020-06 of the City of Mt. Washington. For a complete copy of the Ordinance, please go to: http://amlegal.com/mtwashington_ky

Please note: As an ordinance is passed, we will publish it in the Pioneer News. Our ordinances are codified with American Legal once a year. If you need a copy of an Ordinance passed before it is codified, you can visit City Hall and fill out an Open Records Request and we will be happy to supply copies @ .10 cents per page or you may also obtain a copy on our website: www.mtwashingtonky.org

click on Government click on City Ordinance ABC-Ordinance-2020-06 **Download**

- a) Licenses are non-transferable.

- b) No license shall be granted or renewed to any person or other entity delinquent in the payment of any taxes due the City at the time of issuing the license. If a licensee becomes delinquent in the payment of any taxes or fees due the City at any time during the license period, the license to sell alcoholic beverages shall be subject to revocation or suspension.

- c) Each licensee must conduct alcohol awareness training for employees prior to beginning employment and every three years thereafter. New businesses must have all employees trained prior to opening business.

- d) If the license is for limited retail restaurant, motel or inn drink license, each licensee must file with the City Clerk and the City Alcoholic Beverage Control Administrator a report, notarized and sworn, setting out the total gross receipts for the sale of food and gross receipts for the sale of alcoholic beverages every six months.

- e) The City's Regulatory License Fee shall be three percent (3%) of gross sales monthly of all alcoholic beverages sold by each establishment licensed to sell beverages by the drink for consumption on the premises and retail packaged beverages. Payment of the regulatory license fee shall accompany monthly return form provided by City and shall be submitted by the twentieth (20th) day of each month for the preceding month's sales.

Affidavit/Consent:

I _____ hereby do solemnly swear or affirm that I am aware that my State application is incorporated hereto and made a part of this application, that the information, statements and representations provided for in this application are true and correct to the best of my knowledge, information and belief. Further, I consent that pursuant to Ordinance 2020-06 of the City of Mt. Washington, to the inspection of the licensed premises by the Mt. Washington Alcoholic Beverage Control Administrator. The Mt. Washington Alcoholic Beverage Control Administrator may inspect and search the licensed premises at any reasonable time, review financial records and books of the business without notice, confiscate articles found on the premises in violation of any ordinance, statute, or regulation, and to order an emergency temporary closure of the premises if the public health, safety, morals and welfare is threatened by one or more violations of any ordinance or statute involving disturbance of the peace or public disorder, without first obtaining a search warrant. Additionally, the Mt. Washington Alcoholic Beverage Control Administrator may confiscate any contraband property or items.

Signature of Applicant: _____ Date: _____

Applicant's Title: _____

COMMONWEALTH OF KENTUCKY}

STATE AT LARGE}

This is to certify that the foregoing document was subscribed and sworn to before me this _____ day of

_____, _____.

NOTARY PUBLIC

My Commission Expires _____