Shelbyville Police Department
Alcohol Beverage Control
ABC Application

This application is to be used when applying for either a permanent or temporary license within the city limits of Shelbyville, KY. The submission of this application should be done at the same time a state application is being submitted. The process for state and local applications is done simultaneously and one cannot proceed without the other.

Applicant's Business Name:	**Person submitting application:**
DBA:	**Phone:**
Address of premise to be licensed:	**Alt #:**
City:	**Zip code:**

Before submitting this application, please review all documents to ensure that they are complete and up to date. An incomplete application will result in delays. No application should be submitted any later than 2 weeks prior to an event.

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. If privately held, show 100% of the ownership. If this is a publicly- traded company or a non-profit company, list the top three officers and any natural person who owns ten (10%) percent or more interest. Attach any additional documents to complete this section.

Non-profit organizations must present proof of registration with the state. This is required when applying for a temporary auction license.

Name and Home Address:
Contact Numbers:
Social Security number / Date of Birth:
Title:
% of Ownership:

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Type of license applying for (should be same type as state license):

Type of license:
Type of license:
Type of license:
Type of license:

Supplemental licenses applying for:

Type of Business:

Restaurant / Bar / Retail **store, etc:**

Is this an existing business:

Is the premise currently licensed and the license is being transferred to a new owner:

If yes, a transfer of ownership must be completed with the City of Shelbyville, Secretary of State and State ABC.

- **All required paperwork must be submitted before a review of the application can be completed.**
- **A photo ID must be presented when applying for an ABC license.**

I (print your name here) _____, ***do hereby swear or affirm under penalty of perjury*** that all statements contained in this application and any of its attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear and affirm 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 Kentucky Department of Alcoholic Beverage Control. I hereby swear and affirm that if the license(s) is issued, I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that no person listed within this application are in default of a repayment obligation under any financial program administered by Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature / Title / Date:

State of _____
County of _____

Subscribed and sworn (or acknowledged) before me on this ____ day of _____, 20____,
by _____ (name of signer).

_____
Notary Public Signature

_____
Printed Name, Notary Public

My commission expires: _____

Check List

- Copy of completed state application.
- Criminal background check on all applicable persons through AOC.

Background Checks - Kentucky Court of Justice

- Copy of Newspaper ad.
- Copy of lease if applicable.
- Copy of articles of organization.
- Copy of city business license.
- Copy of event flyer (if applicable)
- Current valid government issued ID of person applying for license (required)