



# **City of Georgetown Alcoholic Beverage Application**

**ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM**

City of Georgetown, Kentucky

629 N. Broadway

Georgetown, Kentucky 40324

Phone: (502) 863-9804

Website: [www.georgetownky.gov](http://www.georgetownky.gov)

Tracie Hoffman, ABC Administrator [tracie.hoffman@georgetownky.gov](mailto:tracie.hoffman@georgetownky.gov)

**SECTION ONE**

Name of Applicant \_\_\_\_\_

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

Premises Address \_\_\_\_\_

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

Premises Phone No. \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Email address: \_\_\_\_\_

**SECTION TWO:**

**Types of Licenses and Fees:**

Check the boxes for the type(s) of license(s) you are applying for. To determine the ABC license fee(s), find the license type(s) in the left column. **Attach a certified check, cashier check, or money order made payable to: City of Georgetown.**

**Fee Enclosed \$** \_\_\_\_\_

| LICENSE TYPE                              |                                                     | FULL YEAR FEE   |
|-------------------------------------------|-----------------------------------------------------|-----------------|
|                                           |                                                     | Pay this amount |
| <b><u>Malt Beverage Licenses Fees</u></b> |                                                     |                 |
| <input type="checkbox"/>                  | NON-QUOTA RETAIL MALT BEVERAGE PACKAGE LICENSE      | 200.00          |
| <input type="checkbox"/>                  | NON-QUOTA TYPE 4 RETAIL MALT BEVERAGE DRINK LICENSE | 200.00          |
| <input type="checkbox"/>                  | MICRO BREWERY LICENSE                               | 500.00          |
| <input type="checkbox"/>                  | BREWER'S LICENSE                                    | 500.00          |
| <input type="checkbox"/>                  | MALT BEVERAGE DISTRIBUTOR'S LICENSE                 | 400.00          |
| <input type="checkbox"/>                  | MALT BEVERAGE BREW-ON-PREMISES LICENSE              | 100.00          |

**Distilled Spirits & Wine License Fees**

|                          |                                                                     |         |
|--------------------------|---------------------------------------------------------------------|---------|
| <input type="checkbox"/> | QUOTA RETAIL PACKAGE LICENSE                                        | 630.00  |
| <input type="checkbox"/> | QUOTA RETAIL DRINK LICENSE                                          | 630.00  |
| <input type="checkbox"/> | NON QUOTA TYPE 2 RETAIL DRINK LICENSE (RESTAURANTS)                 | 840.00  |
| <input type="checkbox"/> | SPECIAL SUNDAY SALE RETAIL DRINK                                    | 300.00  |
| <input type="checkbox"/> | DISTILLED SPIRITS AND WINE SPECIAL TEMPORARY AUCTION LICENSE        | 200.00  |
| <input type="checkbox"/> | SPECIAL TEMPORARY LICENSE PER EVENT                                 | 160.00  |
| <input type="checkbox"/> | DISTILLER'S LICENSE                                                 | 500.00  |
| <input type="checkbox"/> | RECTIFIER'S LICENSE                                                 | 3000.00 |
| <input type="checkbox"/> | WHOLESALE'S DISTILLED SPIRITS AND WINE LICENSE                      | 3000.00 |
| <input type="checkbox"/> | NON-QUOTA TYPE 3 (SPECIAL PRIVATE CLUB)                             | 300.00  |
| <input type="checkbox"/> | BOTTLING HOUSE OR BOTTLING HOUSE STORAGE                            | 1000.00 |
| <input type="checkbox"/> | LIMITED RESTAURANT (liquor/wine/beer)                               | 840.00  |
| <input type="checkbox"/> | LIMITED GOLF COURSE (liquor/wine/beer)                              | 840.00  |
| <input type="checkbox"/> | CATERERS LICENSE                                                    | 800.00  |
| <input type="checkbox"/> | NON QUOTA TYPE 1 RETAIL DRINK LICENSE (CONVENTION CENTER)           | 2000.00 |
| <input type="checkbox"/> | QUALIFIED HISTORIC LICENSE                                          | 1030.00 |
| <input type="checkbox"/> | SUPPLEMENTAL LICENSE (The fee shall be the same as Primary License) | _____   |

The holder of a non-quota retail malt beverage package license may obtain a non-quota type 4 malt beverage drink license for a fee of fifty dollars (\$50). The holder of a non-quota type 4 malt beverage drink license may obtain a no quota retail malt beverage package license for a fee of \$50.00

SECTION THREE:

Affidavit

\_\_\_\_\_ do hereby solemnly swear or affirm that I am aware that my State application is incorporated and made a part of this application, and that the answers contained are true and correct to the best of my knowledge, information and belief I confirm that I have received a copy of the Alcoholic Beverage Control Ordinance No. \_\_\_\_\_ of the City of Georgetown, Kentucky, and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/hers investigators for: (a) inspections and searches of the licensed premises listed above: (b) confiscation of articles found on said licensed premises in violation of any Ordinance or Statute; and (c) emergency temporary closure of the licensed premises if the public health, safety, morals and welfare is threatened by multiple violations of any Ordinance or Statute involving disturbance of the peace or public disorder during the course of one day's operation of the licensed premises.

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

Applicant's Title: \_\_\_\_\_

COMMONWEALTH OF KENTUCKY  
STATE AT LARGE  
COUNTY OF \_\_\_\_\_

This is to certify that the foregoing document was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Approved: \_\_\_\_\_  
Tracie Hoffman, Alcoholic Beverage Control Administrator Date

**VERIFICATION OF FOOD SERVICE COMPLIANCE**  
**Related to**  
**City of Georgetown, Kentucky**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Name of Applicant: \_\_\_\_\_  
D/B/A: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No.: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone No.: ( \_ \_ ) \_\_\_\_\_

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

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

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The remainder of this form must be completed by the Scott County Health Department, 300 East Washington Street, Kentucky, Phone: 502-863-3971, before submitting your application for an Alcoholic Beverage License.

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

This is to certify that the premises listed above (has) (has not) obtained all necessary food service permits in order to comply with the Kentucky Food Service Code, with 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 \_\_\_\_\_

\_\_\_\_\_  
Scott County Health Department Representative

**VERIFICATION OF FIRE CODE COMPLIANCE**  
**Related to**  
**City of Georgetown, Kentucky**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Name of Applicant: \_\_\_\_\_

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

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

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

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

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

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

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The remainder of this form must be completed by the City of Georgetown Fire Marshal, 101 Airport Road, Georgetown, Kentucky, Phone: 502-863-7833, before submitting your application for an Alcoholic Beverage License.

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

This is to certify that the premises listed above (does) (does not) meet the current, city adopted Fire and Life Safety Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Georgetown, Kentucky with the following conditions, if any:

Seating Requirement if applicable: \_\_\_\_\_

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

\_\_\_\_\_  
City of Georgetown Fire Marshal

**VERIFICATION OF BUILDING CODE COMPLIANCE**  
**Related to**  
**City of Georgetown, Kentucky**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Name of Applicant: \_\_\_\_\_

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

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

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

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

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

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

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The remainder of this form must be completed by the City/County Building Inspector,  
125 W Clinton Street, Georgetown, Kentucky, Phone: 502-863-9802, before  
submitting your application for an Alcoholic Beverage License.

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

This is to certify that the premises listed above (does) (does not) meet all applicable Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Georgetown, Kentucky, with the following conditions, if any:

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

\_\_\_\_\_

City/County Building Inspector

Georgetown/Scott County Planning and Zoning Commission  
Letter of Zoning Status Determination Request

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Physical Property Address: \_\_\_\_\_

Content of Letter (any special information required in content of letter): \_\_\_\_\_

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

Mail Letter To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date Needed: (minimum of 5 days from requested date) \_\_\_\_\_

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

Georgetown/Scott County Planning and Zoning Commission  
230 East Main Street  
Georgetown Ky 40324  
Phone: 502-867-3701  
Fax: 502-867-3725  
[email@gscplanning.com](mailto:email@gscplanning.com)