



City of Beattyville, Office of Alcoholic Beverage Control

Annual License Renewal

Name of Applicant: _____

Federal EIN: _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Type of Business: _____

Business name if different than the applicant: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Has your KY State ABC license renewal been approved? Yes or No

(Please attach a copy to this application)

License Type(s) for renewal _____ local cost: \$ _____

_____ local cost: \$ _____

_____ local cost: \$ _____

Does the applicant understand laws affecting the Sale of Alcoholic Beverages? **Yes or No**

City of Beattyville Occupational Tax License #: _____

Signed: _____

Date: _____