

City of Beattyville, Office of Alcoholic Beverage Control

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 #: _____

Are there any other parties of interest or partners involved in this license? If so, please provide that information here: _____

Proof of Advertisement Attached: **Yes or No**

State Application Attached: **Yes or No**

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

_____ local cost: \$ _____

_____ local cost: \$ _____

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

Have received a copy of the City of Beattyville ordinance # 12042019? **Yes or No**

Affidavit

_____ does 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 Ordinance No. 12042019 of the City of Beattyville, 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: _____

City of Beattyville:

Approved: _____ Date: _____

Local ABC License # _____

Effective Date: _____

City of Beattyville Occupational Tax License #: _____