



**ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM**

**(New Applicants Only)**

**CITY OF HAZARD**

**700 Main Street, P.O. Box 420**

**Hazard, KY 41702**

**Phone: (606) 436-3171 Fax: (606) 436-3252**

**Website: [www.hazardky.gov](http://www.hazardky.gov)**

**Tony Eversole, ABC Administrator – [tony.eversole@hazardky.gov](mailto:tony.eversole@hazardky.gov)**

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

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

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

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

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

Fax No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Check the license type(s) below for which the applicant is requesting. For each license type selected, the applicant affirms that the requirements for that license type(s) are met.

Distiller's license, per annum	\$500.00	
Rectifier's license, per annum		
Class A	\$2,756.25	
Class B	\$960.00	
Wholesaler's distilled spirit and wine license, per annum	\$2,205.00	
Quota retail package license, per annum	\$661.50	
Quota retail drink license, per annum	\$661.50	
Special temporary license, per event	\$110.25	
Non-quota type 1 retail drink license, per annum	\$1,102.50	
Non-quota type 2 retail drink license, per annum	\$1,000.00	
Non-quota type 3 retail drink license, per annum	\$300.00	
Distilled spirits and wine special temporary auction license, per event	\$110.25	
Special Sunday retail drink license, per annum	\$300.00	
Caterer's license, per annum	\$800.00	
Bottling house or bottling house storage license, per annum	\$1,000.00	
Malt beverage licenses as follows:		

Brewer's license, per annum	\$500.00	
Microbrewery license, per annum	\$500.00	
Malt beverage distributor's license, per annum	\$400.00	
Non-quota retail malt beverage package license, per annum	\$200.00	
Non-quota type 4 retail malt beverage drink license, per annum	\$200.00	
Limited golf course license, per annum	\$1,200.00	
Limited restaurant license, per annum	\$1,200.00	

**TOTAL AMOUNT DUE:** \_\_\_\_\_

No license to sell alcoholic or malt beverages shall be granted or renewed to any person who is delinquent in the payment of any taxes or fees due to the City at the time of issuing the license, nor shall any license be granted or renewed to sell upon any premises or property, owned and occupied by the licensee upon which there are any delinquent taxes or fees due the City. Further, if a licensee becomes delinquent in the payment of any taxes or any fees due the City at any time during the license period, the license to sell alcoholic or malt beverages shall be subject to revocation or suspension.

Initial here: \_\_\_\_\_

**ALL PROPER INSPECTION FORMS MUST ACCOMPANY APPLICATION TO OBTAIN A LICENSE. i.e., ZONING INSPECTION, FIRE INSPECTION, BUILDING INSPECTION, HEALTH INSPECTION.**

I hereby affirm that I will, in good faith, abide by every statute, federal or state, and the ordinances of the City of Hazard relating to the manufacture, sale and transportation of alcoholic beverages that may or shall be in force pertaining thereto; and also, that neither I nor any person interested or to become interested therein has been convicted of any felony at any time or convicted of any misdemeanor or violation directly or indirectly attributable to the use, manufacture, sale or traffic in alcoholic beverages within two years preceding the date of application and that I have not had any license that has been issued to me for such purposes, suspended or revoked for cause within two years prior to the date of this application. ***I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I understand I may not begin to operate with alcohol activity until a license(s) has been issued by both the City of Hazard and State of Kentucky. I hereby authorize the release of Police and/or Criminal Records to the City of Hazard ABC Administrator.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

STATE OF \_\_\_\_\_ )  
 ) SS  
 COUNTY OF \_\_\_\_\_ )

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

\_\_\_\_\_  
 Notary Public, State at Large

My commission expires: \_\_\_\_\_.

Checklist

<input type="checkbox"/> Have you included a copy of your State ABC License?
<input type="checkbox"/> Have you signed your application?
<input type="checkbox"/> Have you included your license fee?
<input type="checkbox"/> Have you included your signed Fire, Zoning and Building Code Compliance Form?
<input type="checkbox"/> Have you included your Planning and Zoning Commission Form?
<input type="checkbox"/> Have you included your completed Certified Alcoholic Server Training Form?

**AFFIDAVIT**

I, \_\_\_\_\_, 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 therein plus the questions responded to above are true and correct to the best of my knowledge, information and belief. I further understand that in accordance with Article VII of the Alcoholic Beverage Control Administrator and his 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Alcoholic Beverage Control Administrator

**VERIFICATION OF FIRE CODE COMPLIANCE  
RELATED TO CITY OF HAZARD, KY  
APPLICATION FOR RESTAURANT ALCOHOLIC  
BEVERAGE BY THE DRINK**

This form must be completed by the City of Hazard Fire Department for an Alcoholic Beverage License.

This is to certify that the property listed below to be occupied by a Food Service Establishment MEETS fire codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Hazard, Kentucky with the following conditions, if any:

Property Name: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_  
Robert Keith  
Fire Chief

\_\_\_\_\_  
Fire Prevention Inspector

Does not include bar stools, patio seating or any seating that is not permanent.

**THIS FORM DOES NOT VERIFY THAT THE ABOVE-NAMED BUSINESS QUALIFIES FOR STATUS AS A "RESTAURANT" UNDER STATUTES, ADMINISTRATIVE REGULATIONS OR HAZARD CITY CODE PERTAINING TO ALCOHOLIC BEVERAGE CONTROL; THE CITY ALCOHOLIC BEVERAGE CONTROL ADMINISTRATOR OR MAKES SUCH VERIFICATION.**