

City of Corbin Alcoholic Beverage Control



Basic Application Packet

REVISED: SEPTEMBER 2016

ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM

City of Corbin

805 S Main Street, P.O. Box 1343

Corbin, KY 40702

Phone: (606) 215-3716 Fax: (606) 215-3719

Website: www.corbin-ky.gov

Clara Patterson, ABC Administrator clara.patterson@corbin-ky.gov

SECTION: A

Name of Applicant: _____

D/B/A: _____

Premises Address: _____

Mailing Address: _____

Premises Phone No: _____ Contact Phone No: _____

Fax No: _____ Email Address: _____

Fee Enclosed \$ _____

SECTION: B

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

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
RETAIL - QUOTA		
<input type="checkbox"/> Quota Retail Package License (KRS 243.230, 804 KAR 4:270) A quota license must be available prior to applying.	\$800	\$400
<input type="checkbox"/> Quota Retail Drink License (KRS 243.250, 804 KAR4:270) A quota License must be available prior to applying.	\$500	\$250
RETAIL		
<input type="checkbox"/> NQ Retail Malt Beverage Package License (KRS 243.280)	\$200	\$100

<input type="checkbox"/> NQ-1 Retail Drink License (KRS 243.082) Specify the business type: <input type="checkbox"/> Convention Center – Premises capacity of 1,000 persons <input type="checkbox"/> Horse Trace- Premises located at a track licensed by the Kentucky Racing Commission (KRS 243.265) <input type="checkbox"/> Automobile Race Track-Premises seating capacity of 30,000 persons <input type="checkbox"/> Air or Rail System-Commercial airline system or railroad company sells alcohol to passengers on scheduled or chartered trips <input type="checkbox"/> State Park -9 or 18 hole golf course, or full service lodge and dining room with or without a 9 or 18 hold golf course	\$800	\$400
<input type="checkbox"/> NQ-2 (KRS 243.084) Specify the business type: <input type="checkbox"/> Restaurant – Minimum 50% of gross annual income from food sales and minimum seating capacity of 50 persons at tables <input type="checkbox"/> Motel/Hotel – Minimum 50 sleeping rooms, 25,000 square feet of parking, and maintain a restaurant with 50 % food sales and minimum seating capacity of 50 people at tables <input type="checkbox"/> Airport –Premises located in a commercial airport through which more than 500,000 passengers arrive or depart annually <input type="checkbox"/> Riverboat-Capacity to carry more than 100 passengers, and license from U.S. Coast Guard	\$800	\$400
<input type="checkbox"/> NQ-3 Retail Drink License (KRS 243.086) Specify the business type: <input type="checkbox"/> Private Club – Nonprofit charitable, civic, social , fraternal organization, or political club with has maintained a room from witch the general public has been excluded for at least one (1) year <input type="checkbox"/> Dining Car – Railroad or Pullman car company that sells alcohol by package or drink on a train	\$300	\$150
<input type="checkbox"/> NQ-4 Retail Malt Beverage Drink License (KRS 243:088)	\$200	\$100
<input type="checkbox"/> Limited Restaurant LR 100 (KRS 242.185, KRS 241.010 (31) (a) <input type="checkbox"/> LR100 – Minimum 70% food sales and minimum seating capacity of 100 persons at the tables	\$800	\$400
<input type="checkbox"/> Caterer’s License (KRS 243.033, 804 KAR 4:310) Premises contain commissary and applicant holds food service permit.	\$800	\$400
PRODUCER / SUPPLIES		
<input type="checkbox"/> Microbrewery License (KRS 243.157, KRS 244.606)	\$500	\$250

<input type="checkbox"/> Wholesaler's License (KRS 243.160, KRS 243.170)	\$3000	\$1500
<input type="checkbox"/> Distributor's License (KRS 243.180, KRS 244.606)	\$400	\$200
SUPPLEMENTAL LICENSES		
<input type="checkbox"/> Extended Hours Supplemental License Available only to holders of NQ-1 Retail Drink Licenses and Qualified Historic Site Licenses (KRS 243.050, 804 KAR 4;230)	\$300	\$150
<input type="checkbox"/> Convention Center (KRS 243.082)	\$1000	\$500
<input type="checkbox"/> Special Sunday Retail Drink License Available if authorized by local ordinance or election. (KRS 244.290, KRS 243:050)	\$300	\$150

SECTION: C

I hereby affirm that I will, in good faith abide by every statute, federal or state, and the ordinances of the City of Corbin 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 Corbin and State of Kentucky. I have read and am familiar with the requirements and stipulations of the Alcoholic Beverage Control Ordinance #5-2012. I hereby authorize the release of Police and/or Criminal Records to the City of Corbin ABC Administrator.

Date

Applicants Signature

SECTION: D

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 Stature; and (c) emergency temporary closure of the licensed premise if the public health, safety, morals and welfare is threatened by multiple violations of any Ordinance or Stature 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: _____ Date _____

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

Name of Applicant: _____
D/B/A: _____
Premises Address: _____
Mailing Address: _____
Premises Phone No: _____ Contact Phone No: _____
Fax No: _____ Email Address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the City of Corbin Building Inspector, P.O. Box 1343, Corbin, Kentucky, 40702, Phone: 606-523-6507, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above meets all applicable Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Corbin, Kentucky. Please note the following condition 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_____.

Frank Burke
City of Corbin, Building 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 STATUES, ADMINISTRATIVE REGULATIONS OR CORBIN CITY CODE PERTAINING TO ALCOHOLIC BEVERAGE CONTROL; THE CITY ALCOHOLIC BEVERAGE CONTROL ADMINISTRATOR MAKES SUCH VERIFICATION.

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

Name of Applicant: _____
D/B/A: _____
Premises Address: _____
Mailing Address: _____
Premises Phone No: _____ Contact Phone No: _____
Fax No: _____ Email Address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the City of Corbin Fire Chief, P.O. Box 1343, Corbin, Kentucky, 40702, Phone: 606-523-6509, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above meets the current, city adopted Fire and Life Safety Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Corbin, Kentucky with the following conditions, if any:

Seating Requirement if applicable: _____

Signed this _____ day of _____, 20_____.

Barry McDonald, 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 STATUES, ADMINISTRATIVE REGULATIONS OR CORBIN CITY CODE PERTAINING TO ALCOHOLIC BEVERAGE CONTROL; THE CITY ALCOHOLIC BEVERAGE CONTROL ADMINISTRATOR MAKES SUCH VERIFICATION.

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

Name of Applicant: _____
D/B/A: _____
Premises Address: _____
Mailing Address: _____
Premises Phone No: _____ Contact Phone No: _____
Fax No: _____ Email Address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the Whitey County Health Department, 368 Penny Lane, Williamsburg, Kentucky, Phone: 606-549-3380, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above have obtained all necessary food service permits in order to comply with the Kentucky Food Service Code. Please note the following condition 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_____.

Whitley County Health Department Representative

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

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

Name of Applicant: _____
D/B/A: _____
Premises Address: _____
Mailing Address: _____
Premises Phone No: _____ Contact Phone No: _____
Fax No: _____ Email Address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the Knox County Health Department, Health Center Building, Barbourville, Kentucky, Phone: 606-546-3486, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above have obtained all necessary food service permits in order to comply with the Kentucky Food Service Code. Please note 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_____.

Knox County Health Department Representative

*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 STATUES, ADMINISTRATIVE REGULATIONS OR CORBIN CITY CODE PERTAINING TO ALCOHOLIC BEVERAGE CONTROL; THE CITY ALCOHOLIC BEVERAGE CONTROL ADMINISTRATOR MAKES SUCH VERIFICATION.



CITY OF CORBIN
ALCOHOL & BEVERAGE CONTROL

The City of Corbin requires Mandatory Responsible Beverage Service Training for all Alcohol Licensee's under our Alcohol Ordinance 13-2013 Chapter 14, which states:

- (a) All persons employed in the selling and serving of alcoholic beverages shall participate in and complete a City approved responsible beverage service training program.
- (b) From a responsible beverage servicing training program to be approved by the City, it must be effectively train its participants in the identification of false age documents and recognition of characteristics of intoxication.
- (c) A City approved beverage servicing training program shall consist of in class training of the STAR program.
- (d) If a City approved beverage service training is not obtained the server will be prohibited from servicing.
- (e) All persons required to complete training under paragraph (a) above shall complete that training within ninety (90) days of the date on which the person first becomes subject to the training requirement. All persons completing the training required by this section shall be re-certified in responsible beverage service training from a program approved by the City not less that once every three years thereafter.
- (f) The manager or the restaurant shall be responsible for compliance with the training requirements and shall maintain for inspection by the City ABC Administrator a record or file on each employee that shall contain the pertinent training information.

Establishments that train their employees benefit by reducing risk and creating a safer, more responsible work environment. The training can be used to mitigate liability during a lawsuit involving intoxication by providing evidence of intent on the part of the establishment that serves and sells alcoholic beverages. In addition, this train can lower liquor liability insurance premiums, offer compliance with local laws and regulations, reduce penalties for alcohol violations, and prevent alcohol related crimes such as property damage and assault.

Effective training will enhance the fundamental people skills of servers, sellers, and consumers of alcohol. At the same time, the training should help individuals understand the difference between people enjoying themselves and those who are getting into trouble with alcohol. Employees and managers who participate in this training are able to spot underage drinkers and prevent sales to minors, recognize signs of intoxication, effectively intervene to prevent problem situations, and handle refusal situations with greater confidence.

To register for a server training course (S.T.A.R.) provided by the Kentucky Department of Alcoholic Beverage Control visit their website: <http://www.abc.ky.gov/Pages/Education.aspx> or contact them at 888-847-7222.

The City of Corbin shall require the Licensee to show proof of training by providing a training list of all employees that meet the criteria listed above, with hire date, employee's full name, date of birth, course name, class date, expiration, and student id number.

Your cooperation is greatly appreciated. If you have any questions you can contact me at 606-215-3716.

Respectfully,



Clara Patterson
ABC Administrator