

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

Name of Applicant: _____

D/B/A: _____

Premises Address: _____

Mailing Address: _____

Premises Phone No: _____ Contact Phone No: _____

Fax No: _____ Email Address: _____

Date(s) & Time(s) of Event: _____

Fee Enclosed \$ _____

Check the boxes for the type(s) of license(s) you are applying for:

Special Temporary License (KRS 243.260 & 804 KAR 4:250)

\$100.00

NAME, ADDRESS, PHONE NUMBER	NATURE OF INTEREST IN BUSINESS OR OFFICIAL POSITION	US CITIZEN (Y OR N)	DATE OF BIRTH	DATE OF RESIDENCY OR ESTABLISHED OR INCORPORATED IN KY

Have any of the persons named above had a license issued under any alcoholic beverage control, suspended, revoked, or denied within the last two years? Yes No

Have any of the person named above ever been convicted of a felony? Yes No

Has the applicant been licensed for the sale of distilled spirits, wine, or malt beverages anytime during the past 12 months? Yes No

Is the applicant a corporation? Yes No
If yes, give state in which incorporated _____

If not incorporated in Kentucky, is the corporation authorized to do business in Kentucky?

Is the applicant a non-profit organization? Yes No

Is the applicant the owner of the premises to be licensed? Yes No

If no, attach permission from the premises owner.

If the owner is the City of Corbin attach Special Event Form.

Have you enclosed?

Check Payable to City of Corbin Yes No

State Application Yes No

Criminal Background Check Yes No

Proof of Server Training Yes No

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.

Signature of Applicant: _____ Title: _____ Date _____

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.

Signature of Applicant: _____ Title: _____ Date: _____

Approved: _____

Date _____