ALCOHOLIC BEVERAGE CONTROL APPLICATION FORM

City of Mayfield, Kentucky 211 East Broadway
Mayfield, KY 42066

SECTION ONE:

Name of Applicant: _____

d/b/a: _____

Business Address: _____

Mailing Address: _____

SECTION TWO:

Check one: New License Application ( ) Renewal Application ( )

If New License application, list desired opening date: _____

If Renewal Application, list your State License Numbers below:

_____ _____ _____ _____

SECTION THREE:

Fees:

Limited Restaurant Alcoholic Beverage by the Drink License	**$**	_____
Other	**$**	_____
Total City ABC Fees Remitted:	**$**	_____
TOTAL CERTIFIED OR CASHIER CHECK ATTACHED AS PAYMENT	**$**	_____

SECTION FOUR:

Affidavit of Ownership:

INDIVIDUAL NAME (s)	TITLE	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION FIVE:

Premises: Is premises owned by Applicant? **Yes ( )** **No ( )**

If No is checked, complete following and attach a copy of Lease:

Owner of Premises: _____

Term of Lease: _____ Years: From: _____ To: _____

SECTION SIX:

Resident Manager: Name: _____ Soc. Sec. # _____

Business Telephone Number: _____

SECTION SEVEN:

You must check Yes, No, or N/A to each of the following questions:

1. If this application is for a limited restaurant alcoholic beverage by the drink license, will (or are) at least seventy percent (70%) of the total projected gross receipts be derived from the sale of food? Yes ( ) No ( ) N/A ( )

3. Is the entire license fee being paid by the applicant and by no other person ? Yes ( ) No ( ) N/A ( )

2. Does this restaurant seat a minimum of 100 persons? Yes ( ) No ( ) N/A ( )

SECTION EIGHT: 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 Section**s 9-70** through **9-71** of the Alcoholic Beverage Control Ordinance of the City of Mayfield, Kentucky, I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his designee(s) 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 }
} SS
STATE AT LARGE }

This is to certify that the foregoing document was subscribed and sworn to before me this the _____ day of _____, _____. By _____.

_____
NOTARY PUBLIC

My Commission Expires: _____
Date

Approved: _____ _____
Mayfield Alcoholic Beverage Control Administrator Date