

# ALCOHOLIC BEVERAGE CONTROL APPLICATION FORM

City of Dawson Springs, Kentucky  
200 West Arcadia Avenue, P O Box 345  
Dawson Springs, KY 42408

## 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: (fill in amount(s) from our attached schedule for each applicable license)

Retail Beer:            \$ \_\_\_\_\_            Temporary Beer:        \$ \_\_\_\_\_

Restaurant Wine:      \$ \_\_\_\_\_            Temporary Wine:        \$ \_\_\_\_\_

Restaurant Drink:     \$ \_\_\_\_\_            Package Liquor:        \$ \_\_\_\_\_

Hotel/Motel/Inn:      \$ \_\_\_\_\_            Special Private Club: \$ \_\_\_\_\_

Other:                    \$ \_\_\_\_\_

Total funds attached as payment: \$ \_\_\_\_\_

