City of Dawson Springs ***ALCOHOLIC BEVERAGE CONTROL***

APPLICATION INSTRUCTIONS

1. Properly complete each appropriate State Application Form.
2. Run a legal advertisement in the Madisonville Messenger. A copy of an Affidavit of Advertisement signed by the newspaper and a copy of the actual advertisement must be attached to each application form.
3. Submit an Affidavit of Sale to Right in Quota (if applicable) with your application.
4. Submit an Agreement to Operate licensed premises (if applicable) pending your license request being either approved or denied.
5. If you do not own the building where you plan to establish your licensed business, you must attach a copy of your lease, dates and signed by both the lessee and lessor. Lessee must be the same party or parties as listed on the application form. The lease must be valid and in force through the full licensing period. All license periods end annually on April 30.
6. A City of Dawson Springs Occupational License form must be completed and returned with the appropriate minimum license fee attached to this application form.
7. Payment of all fees to the City Clerk of the City of Dawson Springs must be submitted with this application form in the form of a Check, Certified Check, Money Order, or Cash.
8. The investigative process will normally take three to five working days at the local level. If problems or questions arise, the investigation process may increase. For this reason, it is imperative that the applicant furnish a telephone number where a responsible party may be reached by the investigating officer.
9. After the local Administrator has approved or denied each application received, all original state documents will be returned to you. Approved applications should then be mailed or delivered to the Kentucky Alcoholic Beverage Control Board, 1003 Twilight Trail, Frankfort, KY 40601.
10. If you have any questions or concerns, you may contact the Dawson Springs Alcoholic Beverage Control Administrator at (270) 797-2277 or you may visit us at the Dawson Springs Police Department at 200 West Arcadia Avenue in Dawson Springs. Our mailing address is P O Box 345, Dawson Springs, KY 42408.

Applications for renewal of licenses required by this section shall be made for each year beginning the first day of May and extending through the last day of April of the succeeding year; Applications for renewal are to be filed with the Dawson Springs Alcoholic Beverage Control Administrator not less than 15 days nor more than 45 days prior to expiration.

City of Dawson Springs

# ABC LICENSE FEE SCHEDULE

The following ABC license fees are listed at the “full year rate”.

|  |  |
| --- | --- |
| Retail Beer | $200.00 |
| Restaurant Wine, new applicant | $600.00\* |
| Restaurant Wine, renewal | $400.00\* |
| Restaurant Drink | $600.00\*\* |
| Package Liquor | $600.00 |
| Special Private Club License | $300.00 |
| Hotel/Motel/Inn License | $600.00\*\* |

**Special Temporary License (by the drink)**

Per month or part of month

Temporary Wine $50.00

Temporary Beer License $25.00

\* Must receive fifty percent (50%) or more of its gross annual income from the sale of food and have a minimum seating capacity of fifty (50) people at tables.

\*\* Must receive fifty percent (50%) or more of its gross annual income from the sale of food and have a minimum seating capacity of one hundred (100) people at tables.

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

**Section Four:** Affidavit of ownership:

|  |  |  |  |
| --- | --- | --- | --- |
| Individual Name(s) | Title | Date of Birth | SSN |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Section Five:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Premises: Is premises owned by applicant? | Yes ( ) No ( ) |  |

If no is checked, complete the following and attach a copy of lease:

Owner of Premises: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term of Lease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: from: \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ **Section Six:**

Resident Manager: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section Seven:**

You MUST check yes, no, or NA to each of the following questions:

1. If this application is for a retail package store, will (or are) at least ninety percent (90%) of the total projected gross receipts from the sales made at the licensed premises consist of alcoholic beverages? Yes ( ) No ( ) NA ( )
2. If the premises are used for the sale of gasoline and lubricating oil, is (or will) there be on the licensed premises an inventory for sale at retail not less than $5,000.00 of food, groceries, and related products (excluding alcoholic beverages and tobacco products) valued at cost? Yes ( ) No ( ) NA ( )
3. Is the entire license fee being paid by the applicant and by no other person? Yes ( ) No ( ) NA ( )

**Section Eight:**

Affidavit:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby solemnly swear or affirm that I am aware that my state application is incorporated and made 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 \_\_\_\_\_\_\_\_\_ of the Alcoholic Beverage Control Ordinance of the City of Dawson Springs, Kentucky, I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his investigator(s) for: (a) inspections and searches of the licensed premises listed above; (b) confiscation of articles found on said 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMONWEALTH OF KENTUCKY )

)

COUNTY OF HOPKINS )

This is to certify that the following document was subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Martha Hamby, Alcoholic Beverage Control Administrator

Verification of Zoning Compliance

# Related to

City of Dawson Springs, Kentucky

Application for Alcoholic Beverage License

This form must be completed by the Dawson Springs Zoning Administrator, 200 West Arcadia Avenue, Dawson Springs, Kentucky prior to submitting your application for an Alcoholic Beverage License.

The current zoning of the property located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Dawson Springs, Kentucky is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The zoning (does) (does not) allow for the sale of Alcoholic Beverages by the drink or package, with the following conditions, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dawson Springs Zoning Administrator

VERIFICATION OF FOOD SERVICE COMPLIANCE

# Related to

City of Dawson Springs, Kentucky

Application for Alcoholic Beverage License

This form must be completed by the Hopkins County Health Department, 412 North Kentucky Avenue, Madisonville, Kentucky before submitting your application for an Alcoholic Beverage License.

This is to verify that the property located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be occupied by a Food Service Establishment known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has obtained all necessary food service permits in order to comply with the Kentucky Food Service Code, with the following conditions, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hopkins County Health Department Representative

This form does not verify that the above business qualifies for status as a “restaurant” under statutes, administrative regulations or Dawson Springs City Code pertaining to Alcoholic Beverage Control. Such verification is made by the Dawson Springs Alcoholic Beverage Control Administrator.