

*Instructions for obtaining a  
Louisville Metro  
ABC Temporary License*

- STEP 1. Copy (for the Louisville Metro ABC Office) your State ABC Temporary License Application & all attachments.
- STEP 2. Attach your license fee by certified check, cashier check or money order made payable to:  
*Louisville Metro*
- STEP 3. Submit your application to the Louisville Metro ABC Office well in advance of your special event date to insure ample time for processing, preferably (3) weeks prior to the event date.

*Louisville Metro  
Department of Alcoholic Beverage Control  
444 S. 5<sup>th</sup> St. Ste 101  
Louisville, Kentucky 40202*

*Telephone (502) 574-3321  
Fax (502) 574-5245*

**LOUISVILLE METRO ABC LICENSE FEES  
FOR TEMPORARY APPLICANTS**

Temporary Liquor Drink & Wine License	\$166.67
Temporary Malt Beverage	\$25 00
Temporary Wine Drink	\$25 00
Temporary Liquor Auction	\$200.00

**REMINDER:** Please call our office as early as possible before your event date(s) You may need additional information for obtaining other Louisville Metro Permits such as:

Tent Permits  
Master Venders Permits  
Street Closing Permits  
Code Enforcement Inspections

City Temporary Instructions  
Rev. 03/17/2005

Schedule Temporary  
01/01/07

COMMONWEALTH OF KENTUCKY  
OFFICE OF ALCOHOLIC BEVERAGE CONTROL  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax  
http://abc.ky.gov

Site I.D. #

**SCHEDULE "TEMPORARY" LICENSE**

Applications may be returned if all questions are not answered completely.

LEAVE BLANK – FOR ABC USE ONLY

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License# \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

(A). Name of person(s) or company to be licensed \_\_\_\_\_

Name of this special event \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

(Where the alcoholic beverages will be sold)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am – 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

List the type(s) of temporary license(s) you are applying for \_\_\_\_\_

(B).

1. Amount of fee enclosed... (Make certified check, cashier check or money order payable to **Kentucky State Treasurer**)..... \$ \_\_\_\_\_.

(See fee chart on the back page of this application)

2. Period to be covered by license from (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_. Through

(Month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_.

(Each event requires a separate application, fee and license.)

3. **WHAT IS THE DATE (S) AND TIME (S) OF YOUR SPECIAL EVENT?** \_\_\_\_\_.

4. Kentucky law limits temporary licenses to public events.

Therefore, do you agree not to exclude the public from this special event?  Yes  No

5. Are you the owner of the real estate where the premises are to be licensed?  Yes  No

If no, attach a copy of your lease or letter of permission to use this property, signed by you and the owner

of the real estate. List the real estate owner's name. \_\_\_\_\_.

(C). 6. Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

- (D).**
7. Are the premises to be licensed located within an incorporated city or town?  Yes  No  
If yes, list the name of the city or town. \_\_\_\_\_.
8. Is the entire license fee paid by the applicant and by no other person?  Yes  No
9. Is the applicant a corporation, limited partnership, or limited liability company, in good standings with the Kentucky Secretary of State?  Yes  No
10. Has the applicant(s) been licensed to sell alcoholic beverages?  Yes  No  
If yes, list your state ABC license number(s).\_\_\_\_\_.
11. Has the applicant or any person named in statement 6 been convicted of any felony in the past five (5) years?  Yes  No  
Has the applicant or any person named in statement 6 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance in the past two (2) years?  Yes  No  
If yes, **you must** attach a statement giving a full explanation, including dates of convictions.
12. Has the premises to be licensed or any person listed in this application had a ABC license suspended or revoked, or an ABC application denied?  Yes  No  
If yes, **you must** attach a statement giving a full explanation, including dates of suspension, revocation or denial.
13. Give a brief description of the purpose for this special temporary license.
14. List the persons or non-profit, charitable, civic or political organization that will receive the proceeds from the sales of alcoholic beverages under this Special Temporary License.

**(E).**

**AFFIDAVIT OF PERSON APPLYING FOR THE KENTUCKY ABC LICENSE(S)**

*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 the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use of and trafficking in alcoholic beverages.*

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_, Commonwealth of Kentucky

**(F).**

**OBTAIN SIGNATURE OF YOUR LOCAL ABC ADMINISTRATOR**

Your Local ABC Administrator must approve this application schedule before it is forwarded to the State ABC. Take or mail this application schedule, fee and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office in Frankfort, Kentucky

This certifies that the application(s) herein above named have been approved for the type(s) of licenses applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

City of \_\_\_\_\_ Administrator or the  County of \_\_\_\_\_ Administrator

**(G).**

**You may now forward this application schedule, all attachments, and your state license fee to:**

Commonwealth of Kentucky  
**Office of Alcoholic Beverage Control**  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442

ABC Temporary  
01/01/07

Site ID #

## TYPES OF LICENSES & FEES

Check  the boxes for the type(s) of license(s) you are applying for.  
To determine the ABC license fee(s), find the license type(s) in the left column, then move right across the table.

**Attach a certified check, cashier check, or a money order.**

**Make check payable to: KENTUCKY STATE TREASURER**

**NO CASH!**

LICENSE TYPE	PREFIX	<input checked="" type="checkbox"/>	PER EVENT FEE
<b>TEMPORARY BEER BY THE DRINK</b> <i>Under Ky. Revised Statute KRS 243.290 &amp; 804 KAR 4:250</i>	TB	<input type="checkbox"/>	50.00
<b>TEMPORARY WINE BY THE DRINK</b> <i>Under Ky. Revised Statute &amp; Adm. Reg. KRS 243.260 &amp; 804 KAR 4:250</i>	TW	<input type="checkbox"/>	50.00
<b>TEMPORARY LIQUOR AND WINE BY THE DRINK</b> <i>Under Ky. Revised Statute &amp; Adm. Reg. KRS 243.260 &amp; 804 KAR 4:250</i>	TD	<input type="checkbox"/>	100.00
<b>TEMPORARY LIQUOR AND WINE AUCTION BY THE PACKAGE</b> <i>Under Ky. Revised Statute KRS 243.036</i>	TA	<input type="checkbox"/>	100.00
<b>TOTALS</b>			

### CHECK LIST

1. Have you attached a certified check, cashier check, or a money order, payable to: Kentucky State Treasurer?  Yes  No  
**We do not accept cash!**
2. Have you answered each question fully and checked the type(s) of license(s) you are applying for?  Yes  No
3. Have you signed and had your application(s) notarized?  Yes  No
4. If the applicant is "For Profit", have you attached a letter from the non-profit, charitable, civic or political organization receiving the proceeds or benefiting from this event?  Yes  No
5. Have you attached a lease or letter of permission from the owner of the real estate?  Yes  No  N/A
6. Have you had this application signed and approved by your local ABC Administrator?  Yes  No  None

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Commonwealth of Kentucky  
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1003 Twilight Trail  
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