



**ALCOHOL LICENSE APPLICATION
THE CITY OF PARIS
525 HIGH STREET
PARIS, KY 40361**

NAME _____

PREMISE ADDRESS _____

MAILING ADDRESS _____

BUSINESS PHONE # (____) _____ CONTACT # (____) _____

EMAIL ADDRESS: _____

NAME & ADDRESS OF PROPERTY OWNER _____

BUSINESS INSURANCE CARRIER NAME _____

INSURANCE POLICY NUMBER _____

APPLICATION FOR _____

(LICENSE TYPE FOR WHICH YOU WISH TO APPLY)

NON-REFUNDABLE ALCOHOLIC BEVERAGE LICENSE FEE \$ _____

LICENSE TYPES

4-A	Quota retail package license, per annum	\$ 1,000.00
4-B	NQ2 retail drink license (includes distilled spirits, wine, malt) per annum	\$ 1,000.00
4-C	Malt beverage distributor's license, per annum	\$ 400.00
4-D	NQ retail malt beverage package license, per annum	\$ 200.00
4-E	NQ3 retail drink license (private club) per annum	\$ 300.00
4-F	Wholesaler's license distilled spirits and wine per annum	\$ 3,000.00
4-G	Caterer's license per annum	\$ 800.00
4-H	Microbrewery license per annum	\$ 500.00
4-I	NQ 4 retail malt beverage drink license per annum	\$ 200.00
4-J	Quota Retail Drink license per annum	\$ 1,000.00

4-K	Malt beverage brew-on-premises license per annum	\$ 100.00
4-L	Distiller's license per annum	\$ 500.00
4-M	Rectifier's license per annum	\$ 3,000.00
4-N	Brewer's license per annum	\$ 500.00
4-O	Limited golf course license	\$ 1,000.00
4-P	Supplemental bar license	\$ 1,000.00
4-Q	Qualified historic site license per annum	\$ 1,000.00
4-R	Small farm winery license per annum	\$ 100.00
4-S	Special temporary license per event	\$ 166.66
4-V	Sunday retail drink license, per annum	\$ 300.00

THE FOLLOWING CONDITIONS MUST BE MET AND CERTIFIED BY THE APPROPRIATE CITY OFFICIAL

(A) The Paris Police Chief does hereby certify that a local records investigation has been made into the Applicant's police record (if any) and found the applicant acceptable under the terms of the City's Alcoholic Beverage License Ordinance.

Police Chief

Date

(B) The City Building Inspector does hereby certify that in inspection of the premises specified in the application has been made and found it to be as represented on the State Application. Further, it has been determined that all other applicable city building and zoning requirements have been met.

Building Inspector

Date

(C) The Paris Fire Chief does hereby certify that an inspection of the premises specified in the application has been made and found to be in compliance with all applicable city fire and safety requirements.

Fire Chief

Date

AFFIDAVIT

I, _____, do hereby solemnly swear or affirm that I am aware that my Kentucky State ABC License application is incorporated and made a part of this application, and that the answers contained are true and correct to the best of my knowledge, information and belief. I confirm that a copy of Chapter 62 (Alcoholic Beverages) of the City of Paris Code of Ordinances, has been provided to me in print and I hereby consent to the authority of the city’s Alcoholic Beverage Control Administrator and his/her deputies for (a) inspections or 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 SSN of Applicant

STATE OF _____

COUNTY OF _____

This is to certify that the foregoing document was signed by _____, subscribed and sworn
(print applicant name)
to before me this day of _____, 20_____.

Notary Public: _____ ID# _____

APPROVED:

This certifies that the applicant named has been approved for the type of license applied for and at the Premises above specified.

City of Paris Alcoholic Beverage Control Administrator

Signature: _____ **Date:** _____