City of Paris, KY

Alcohol Beverage Control
License Application Packet

If applying for a Special Temporary License or Special Temporary Auction License the application must be received 3 days prior to the event date.

SUBMIT APPLICATION TO:

Mail: City of Paris
Attn: City Clerk, Stephanie Settles
525 High Street, Paris, KY 40361
Email: ssettles@paris.ky.gov

Email questions to the ABC Administrator :
ssettles@paris.ky.gov

Application Instructions and FAQ

A. Properly complete all appropriate City and State Application Forms. All City application documents, including appropriate payment should be returned to the City Clerk who will coordinate review and approval by the ABC Administrator. Incomplete or deficient applications delay processing, and your application may be returned.
B. Please review the City of Paris Ordinance Chapter 62 for all rules and regulations that apply.
C. The following requirements must be met: Minimum of 21 years of age to apply; KY resident for the past year unless you apply as a corporation, LLC, or Ltd. Partnership ownership; A Citizen of the US unless you apply as a corporation, LLC, or Ltd. Partnership ownership; Individuals, partners, officers, directors, or managers may not apply if, within the past 5 years, they have been convicted of any felony, or within the last 2 years has been convicted of any alcohol or controlled substance misdemeanor.
D. Transitional License: Under State law, if you are purchasing an existing licensed establishment, you are not allowed to use the current owner's license in order to keep the business running while your application is being processed. The current owner would have to continue to run the business during that time. A new City license will be required for this transition. If you are requesting to change your approved premises, you must complete a new application and show documentation that the closure has occurred.
E. If you do not own the building where you plan to establish your licensed business, you must send a copy of the lease, dated and signed by both the lessee and the lessor. The Lessee must be the same party, or parties, as listed on the Application Forms. The lease must be valid and in force through the full license period. A notarized Tenant Letter from the lessor must be included acknowledging that the lessee is intending to serve alcohol at the location.
F. The City's license period ends annually on June 30.
G. A valid City of Paris Business License must be valid and in force through the full license period.
H. The local application review process will normally take from seven (7) to ten (10) working days at the local level. If problems or questions arise, the review time may increase. For this reason, it is very important that the applicant furnishes a telephone number where a responsible party may be reached.
I. Applications for renewal of licenses required by this section shall be made for each fiscal year with a license period beginning the first of July and extending through the last day of June of the succeeding year. Renewal invoices will be mailed but it is the obligation of the business to ensure applications for renewal should be filed thirty (30) days prior to expiration.
J. The City of Paris ABC License Fees for Alcohol Licenses are detailed on the application and subject to change. Any licenses issued for less than a full year may be prorated, if the license period will be for less than half a year.
K. A special temporary license may be issued for a regularly organized fair, exposition, racing association or other party. You must be a non-profit organization, racing association, or political campaign function. If you are a for-profit individual or organization, the event must be part of a bona fide civic event or community sponsored event.
L. Title 804 KAR 4:110 Section 1 any wholesale, distributor, or retail license under which no business is transacted during a period of (90) days shall be revoked by the Alcoholic Beverage Control Board or surrendered.

ABC License Checklist

Included	Form
	Application for City License
	Payment
	Attach a copy of the Business License for the Premises
	Copy of Deed (if building/premises owned)
	Copy of Lease (if building is leased)
	Tenant Letter (if building is leased)
	Copy of Corporate Documents such as articles of incorporation, partnership papers, or organizational papers from the Secretary of the State.
	Provide a list of all persons having interest in the business (owners, officers, partners, or managing members)
	Copy of a diagram or floor plan of the premises
	Copy of Driver's License or Photo ID
	Copy of Insurance Policy
	Verification of Zoning Compliance
	Verification of Building Code Compliance
	Verification of Fire Code Compliance

Alcoholic Beverage Control Local Application Form

City of Paris, Kentucky

Section A: General Information

Name of Applicant: _____

D/B/A: _____

Premises Address: _____

Business Type: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name of Property Owner: _____

FEIN: _____

Insurance Carrier Name and Policy No. _____

Desired Opening Date: _____

State Application Number: _____

Have you been licensed previously (provide State and Number): _____

Has a license been suspended or revoked? If so, please attach a statement explaining.

PLEASE INDICATE IF THIS IS A NEW LICENSE OR RENEWAL: _____

For Special Temporary License or Special Temporary Auction Licenses please attach a narrative explaining the event, including the time, dates, location, purpose, and method of promotion and ticketing, if applicable.
If applying for a Special Temporary License or Special Temporary Auction License the application must be received 3 days prior to the event date.

Section B: Fee Information

Check the license type(s) for which the application is applying. For each license type selected, the applicant affirms that the Requirements for that license type(s) are met and that all State, Federal, and Local regulations will apply.

Check to Select	License Type	Annual License Fee	Pro-rated less than 6-month Fee
	4A - Quota Retail Package License (KRS 243.230, 804 KAR 4:270) *license must be available prior to applying	$1,000	$500
	4B - NQ-2 Retail Drink License (KRS243.084)	$1,000	$500
	4C - Malt Beverage Distributors License (KRS 243.180, KRS 244.606)	$400	$200
	4D - NQ Retail Malt Beverage Package License (KRS 243.280)	$200	$100
	4E - NQ3 Retail Drink License – Private Club (KRS 243.086)	$300	$150

	4F - Wholesaler License (KRS 243.160, KRS 243.170)	$3000	$1500
	4G - Caterer's License (KRS 243.033, 804 KAR 4:310)	$800	$400
	4H - Microbrewery (KRS 243.157, KRS 244.606)	$500	$250
	4I - NQ-4 Retail Malt Beverage Drink License (KRS 243.088)	$200	$100
	4J - Quota Retail Drink License (KRS 243.50, 804 KAR 4:270) *license must be available prior to applying	$1,000	$500
	4L - Distiller's License (KRS 243.120, KRS 243.130, 804 KAR 4:050, 804 KAR 4:240)	$500	$250
	4M - Rectifier's License (KRS 243.120, 804 KAR 4:050)	$3,000	$1,500
	4N - Brewer's License (KRS 24.150, KRS 244.606)	$500	$250
	4O - Limited Golf Course License LR100 (KRS 243.038, KRS 243.039)	$1200	$660
	4P - Supplemental Bar License (KRS 243.037, KRS 241.010)	$1000	$500
	4Q - Qualified Historic Site License	$1030	$515
	4S - Special Temporary License (KRS 243.260, 804 KAR 4:250) *Fee is per event. An event must be consecutive days to be considered a single event.	$166	
	4T - Secondary NW Malt Beverage Retail Drink (KRS243.070(4))	$50	
	4U - Secondary NQ Malt Beverage Retail Package (KRS243.070(4))	$50	
	4V - Special Sunday Retail Drink License	$300	$150
	4W - NQ-1 Retail Drink License (KRS 243.082)	$2,000	$1,000
	4X - Special Temporary Auction License (KRS 243.036) *Fee is per event. An event must be consecutive days to be considered a single event.	$100	
	4-Y - Bottle House/Bottle House Storage License (KRS 243.350, 804 KAR 4:404	$1,000	$500

NON-REFUNDABLE TOTAL FEE: _____

Section C: Affidavits

I, _____, do hereby solemnly swear or affirm that I am aware that my Kentucky State ABC License application is incorporated and made part of this application and that the answers contained are true and correct to the best of my knowledge, information and belief. I can confirm that Chapter 62 (Alcoholic Beverages) of the City of Paris Code of Ordinances has been provided to me, and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/hers investigators for: (a) inspection 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.

I further swear or affirm that I have no disqualifying crimes under State Statute nor do any persons having interest in the business (including owners, officers, partners, or managing members) and hereby authorize the disclosure of all background information for the referenced parties.

_____ _____ _____

Date of Application Signature of Applicant SSN of Applicant

State of _____

County of _____

This is to certify that the foregoing document was subscribed to and sworn to before me this _____ day of _____, 20_____.

_____ _____

Notary Public ID #

Approval (FOR ADMINISTATOR USE ONLY):

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

License/Account Number: _____

_____

City of Paris ABC Administrator

Denial:

This certifies that the applicant named has been denied for thy type of license applied for at the premises specified above (attach copy of denial notice)

_____

City of Paris ABC Administrator

Occupational License office:

Business License Paid ☐

Property Taxes Paid ☐

Good Standing with KY SOS ☐

_____

City of Paris Occupational License

Alcoholic Beverage Control Local Verification Forms

City of Paris, Kentucky

Name of Applicant: _____

Premises Address: _____

Phone Number: _____

Upon submittal of your application, payment, and required documentation, the City Clerk will coordinate the below verifications. Please complete the above name, premises address, and phone number.

Verification of Zoning Compliance:

The current zoning of the premises property is _____ and the requested use (does) / (does not) align with zoning requirements:

_____ Date: _____

Planning and Zoning Director

Verification of Building Code Compliance:

This is to certify the above premises meets all applicable Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Paris, with the following conditions, if any:

_____ Date: _____

Planning and Zoning Director

Reinspection Date (if needed): _____ *Conditions Met:* _____

Verification of Fire Code Compliance:

This is to certify the above premises meets all applicable Fire Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Paris, with the following conditions, if any:

_____F Date: _____

FireChief

Reinspection Date (if needed): _____ *Conditions Met:* _____

Verification of Police:

This is to certify a local records investigation have been completed into all parties on the application and found the applicant acceptable under the terms of the Alcoholic Beverage Control Ordinance of the City of Paris. An inspection has been made of the premises and has been found acceptable, with the following conditions:

_____ Date: _____

Police Chief

Reinspection Date (if needed): _____ *Conditions Met:* _____