INSTRUCTIONS FOR OBTAINING A SECONDARY MALT BEVERAGE LICENSE

PLEASE BE ADVISED: Recently there have been changes to Kentucky’s alcohol laws with the passage of Senate Bill 13. Effective June 25, 2013, there will be two different types of Retail Beer (Malt Beverage License) licenses. As a current holder of the existing Retail Beer License, the Kentucky Department of Alcoholic Beverage Control (Department) is seeking to confirm the type of sales activities of your business so as to ensure that after June 25, 2013, you will hold the appropriate required legal license type. Your renewal form was assigned the type of retail beer license(s) normally associated with your listed business type. It is important that you respond to our Department if your renewal form does not reflect the appropriate type of license(s) to authorize the sales activities of your business.

BASIC REQUIREMENTS ON APPLYING FOR KENTUCKY DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL LICENSE(S)

a. Applicant must hold an active Kentucky Department of Alcoholic Beverage Control qualifying Retail Beer License (now named NQ Retail Malt Beverage Package License or a NQ-4 Retail Malt Beverage Drink License).
b. Applicant must be at least 21 years of age.
c. Applicant must be a resident of KY for the past 12 months unless you are applying as a corporation, LLC or Ltd. Partnership.
d. Applicant must be a U.S. citizen unless you are applying as a corporation, LLC or Ltd. Partnership.
e. Individuals, owner, partners, officers, directors or interested parties may not apply if they have been convicted of any felony within the past five years; or convicted of any alcohol or controlled substance related misdemeanor in past two years.

LOCAL APPROVAL PROCESS

Usually, there are local license requirements and fees that you must meet in addition to this state application. The longer your state application sits in the local office pending approval, the longer it will take the state ABC to process your application. Your state license will not be considered by the State Administrator until the Department receives local ABC approval on the application. Visit our web site to identify the Local Administrator in your area at http://abc.ky.gov/

TIME TO PROCESS APPLICATIONS

It will take the Department approximately 60-90 days to process your application. If you withdraw your license application or your license application is not issued for any reason, you must submit a written request for a refund. The Department will retain $50 of your application fee for processing costs.

HOW TO APPLY

STEP 1 Answer all applicable questions in Sections A and B in this application update. Please sign and have the form notarized. Incomplete or deficient applications delay processing, and your application will be returned.
Please notify us of any changes in ownership, officers or contact information that may have changed since your original application was approved.

STEP 2  
Pay your application fee(s) by attaching a completed REMITTANCE FORM or a certified check, cashier’s check or money order payable to: Kentucky State Treasurer. **WE MAY NOT ACCEPT CASH BY MAIL OR HAND-DELIVERY.** See Section (B) of this application to determine the appropriate amount due based on license type.

STEP 3  
Please determine what secondary or additional malt beverage license type(s) (package or drink) you are applying for by reviewing the options in Section (B) of the application update.

STEP 4  
The cost to add the secondary type of malt beverage license (retail package or retail drink) is $50.00.

**Other important application requirements:**

Please be advised that part of the Department’s application process for obtaining a Secondary Malt Beverage License will require a Kentucky Department of Alcoholic Beverage Control Investigator to perform an on-site inspection of the existing licensed premises to verify business type, type of sales, and that you qualify for the additional license type being sought. It is important that the applicant or legally authorized representative be present at any on-site inspection. If any changes have occurred, the Investigator may advise the applicant or legally authorized representative of additional requirements resulting from those changes. Once the Department has received your complete application and started the internal processing, an investigator will be assigned to your application. Once this assignment is made, the investigator will contact the applicant at the phone number provided on this application to arrange a date to complete the on-site field inspection at the proposed licensed premises. The investigator’s field inspection report must be completed and submitted back to the Department before final consideration of your application will occur.

Please be advised if the officer performs the on-site field inspection and the proposed premises is not ready, or has pending construction or installations, a “final” or second on-site inspection will be required.

If you have a professional floor plan or blueprint depicting the current interior layout of the premises to be licensed, please provide an updated copy to the investigator at the time of the on-site field inspection. If any changes and/or modifications have been made to your licensed premises since your initial application and license issuance, then an updated drawing is required for your licensing file.

Please be sure to check your application before filing and verify that all required application steps for a particular alcohol license have been taken to ensure all sections of the application have been fully completed and that all required documentation for your license has been properly attached. Again, if local ABC approval is required, please be sure you have applied with your local ABC office where the premises to be licensed is located.

**You are now ready to submit your application.**

Once submitted, please allow a minimum of 60-90 days to process COMPLETED secondary malt beverage license applications request applications.. If you submit an incomplete application, it will be returned and it will delay your processing time.

**If you have any questions or need assistance, please contact our office or visit our website.**  
[www.abc.ky.gov/](http://www.abc.ky.gov/)

**FRANKFORT:**  
1003 Twilight Trail, Frankfort, KY 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax
SECONDARY MALT BEVERAGE LICENSE APPLICATION ADDENDUM

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

<table>
<thead>
<tr>
<th>LEAVE BLANK – FOR ABC USE ONLY</th>
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<tbody>
<tr>
<td>License #</td>
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<td>License #</td>
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</table>

Reviewing Licensing Administrative Specialist ___________________________ Date ________________
Malt Beverage Administrator’s Approval ___________________________ Date ________________

SECTION A

Name of person(s) or company to be licensed ___________________________
D.B.A. (Doing Business As) _____________________________________________
Address of premises to be licensed ______________________________________
Contact person _________________________________________________________
Contact phone _________________________________________________________
E-mail address _________________________________________________________

List your active Department of Alcoholic Beverage Control license number(s) for the premises ___________________________

Does the applicant currently offer retail sales of alcoholic beverages by the drink?  □ Yes  □ No

Does the applicant currently offer retail package sales of alcoholic beverages?  □ Yes  □ No

Describe in detail the applicant’s business type and the customary activities generating revenue at this business ____________________________________________________________

Does the applicant’s business currently permit minors to remain on the premises?  □ Yes  □ No

SECTION B

Check the type of license for which the applicant is applying.

<table>
<thead>
<tr>
<th>License Types</th>
<th>Licensing Fee Full Year</th>
<th>Licensing Fee Half Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQ Retail Malt Beverage Package License (KRS 243.280)</td>
<td>$50*</td>
<td>$25</td>
</tr>
<tr>
<td>NQ-4 Retail Malt Beverage Drink License (KRS 243.088)</td>
<td>$50*</td>
<td>$25</td>
</tr>
</tbody>
</table>

Does the applicant hold a current and existing license type that is compatible with the license for which the applicant is applying?  □ Yes  □ No

*If applying for an additional (secondary) NQ Malt Beverage License (package or by the drink), the total licensing fee for adding it to the applicant’s existing primary type of beer license is a discounted amount.
SECTION C
This Section is not required if the applicant is applying for any of the following license types: Special Nonbeverage Alcohol, Air Transporter, Transporter’s, Out-of-State Distilled Spirits/Wine Producer’s/Supplier’s, Limited Out-of-State Distilled Spirits/Wine Producer’s/Supplier’s, Micro Out-of-State Distilled Spirits/Wine Producer’s/Supplier’s, Special Agent/Solicitor, Small Farm Winery, Out-of-State Brewer, or Limited Out-of-State Brewer. Applicants must complete this section if an equivalent local license is required.

OBTAIN LOCAL ABC ADMINISTRATOR’S SIGNATURE OF APPROVAL
The local ABC Administrator must approve this application before it is forwarded to the State ABC. Take or mail this application schedule, the ABC Basic Application, fees, and all attachments to the local ABC Administrator. Obtain the local ABC Administrator’s signature of approval and arrange for such approval to be sent to the State ABC Office.

I certify that the applicant(s) has been approved for the equivalent local license type(s) applied herein for the identified premises, and that the applicant satisfies all local ordinances.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR ___________________ Date __________
City of ___________________________ Administrator County of ___________________________ Administrator

SECTION D
AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE(S)

I, (print your name here)___________________________________________________, do hereby swear and affirm under penalty of perjury that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear and affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Kentucky Department of Alcoholic Beverage Control. I hereby swear and affirm that if the license(s) is issued, I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that no persons listed in Section (C) 3 of this application are in default of a repayment obligation, under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature of Buyer or New Applicant __________________________________________ Title __________________ Date __________
Sworn and affirmed before me on this ________ day of __________, year of __________. My Commission expires ________________
Notary Public __________________________________________ County of ___________________________ State of ___________________________

(Canadian applicants are exempt from this notary requirement.)

Notary ID#________________________________________

An Investigator from the Kentucky Department of Alcoholic Beverage Control will complete an updated field inspection of the premises.

This concludes the ABC Secondary Malt Beverage License application.

This application schedule, all attachments, and the state licensing fees may be sent to:

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-1442 fax
http://www.abc.ky.gov
Effective June 25, 2013 there will be a 2% Convenience Fee added to the total for credit card payments only

If you are making payment with a credit card or by EFT please provide the following information.

Print Name (as it appears on credit card) ___________________  Phone (___) ___________________

Billing Address __________________________________________________________________________

Account Number ___________________________ Expiration Date (Month and Year) _________________

Check your method of payment

☐ Visa  ☐ MasterCard  ☐ Discover

☐ EFT (Bank Name) _____________________________(Routing #) |:  _  _  _  _  _  _  _  _  _  _  _  _  _  |

☐ ABC Licensing  ☐ STAR Training  ☐ ABC Fine  ☐ Tobacco Fine  ☐ Open Records Request

Credit or apply this payment to: (Name) ________________________________________________ (DBA) ________________________________

Site I.D. # ___________________  License # ___________________  (Phone) (____) ________________________________