

City of Madisonville
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
APPLICATION INSTRUCTIONS

- A. Properly complete each appropriate State Application Form.
- B. Run a legal advertisement in the Messenger for One day (select the proper format from the examples attached). You must get an Affidavit of Advertisement signed by the newspaper and a copy of the actual advertisement to be attached to each Application Form.
- C. Submit an Affidavit of Sale to Right in Quota (if applicable) with your application.
- D. Submit an Agreement to Operate licensed premises (if applicable) pending your license request being either approved or denied.
- 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 lesser. 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 licensing period. All license periods end annually on JUNE 30.
- F. A MADISONVILLE OCCUPATIONAL LICENSE FORM MUST BE COMPLETED AND RETURNED WITH THE APPROPRIATE MINIMUM LICENSE FEE ATTACHED TO THIS APPLICATION FORM.
- G. Payment of all fees to the Director of Finance, City of Madisonville, KY must be submitted with this Application Form in the form of a Certified Check, Money Order (payable to the Director of Finance) or Cash.
- H. The investigative process will normally take from three to five working days at the local level. If problems or questions arise, the investigation time may increase. For this reason, it is very important that the applicant furnish a telephone number where a responsible party may be reached by the investigating officer assigned to handle the application.
- I. After the local Administrator has approved or denied each Application received, all original state documents and forms will be returned to you. Approved applications should then be mailed or delivered to the Kentucky Alcoholic Beverage Control Board, 1003 Twilight Trail Frankfort, Kentucky 40601. We will mail your state applications to Frankfort for you if the proper state fees are included with your City Application.
- J. If you have questions or concerns, call the Madisonville ABC office at (270) 824-2125 or visit us at the City Hall at 67 North Main Street. Our mailing address is P.O. Box 705, Madisonville, KY 42431.

APPLICATIONS FOR RENEWAL OF LICENSES REQUIRED BY THIS SECTION SHALL BE MADE FOR EACH FISCAL YEAR BEGINNING THE FIRST DAY OF JULY AND EXTENDING THROUGH THE LAST DAY OF JUNE OF THE SUCCEEDING YEAR; APPLICATIONS FOR RENEWAL ARE TO BE FILED WITH THE "CITY ALCOHOLIC BEVERAGE CONTROL ADMINISTRATOR" TEN (10) DAYS PRIOR TO EXPIRATION.

City of Madisonville
ABC LICENSE FEE SCHEDULE

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

Quota Retail Drink License	\$1,000.00
Quota Retail Package License	\$600.00
Non-Quota Type-1 Retail Drink License (convention center)	\$800.00
Non-Quota Type-2 Retail Drink License (restaurant)	\$800.00
Non-Quota Type-3 Retail Drink License (private club)	\$300.00
Special Temporary Retail Drink License	\$75.00
Non-Quota Type-4 Malt Beverage Drink License	\$200.00
Non-Quota Retail Malt Beverage Package License	\$200.00
Non-Quota Malt Beverage Distributors License	\$200.00

SECTION SIX:

Resident Manager: Name: _____ Soc. Sec.# _____
Business Telephone Number: _____

SECTION SEVEN:

You must check Yes, No or N/A to each of the following questions:

1. If this application is for a retail package liquor license, will (or are) at least ninety percent (90%) of the total projected gross receipts from sales made at the licensed premises consist of sales of alcoholic beverages?
Yes () No () N/A ()
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 of food, groceries and related products (excluding alcoholic beverages and tobacco products) valued at cost
Yes () No () N/A ()
3. Is the entire license fee being paid by the applicant and by no other person?
Yes () No () N/A ()

SECTION EIGHT:

Affidavit:

I, _____ do hereby solemnly swear or affirm that I am aware that my state application is incorporated and made a 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 Chapter 118 of the Alcoholic Beverage Control Ordinance of the City of Madisonville, 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 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: _____
Applicant's Title: _____

COMMONWEALTH OF KENTUCKY)
) SS
STATE AT LARGE)

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

NOTARY PUBLIC
My Commission Expires: _____

Approved: _____ Date _____

Ron Hunt, Alcoholic Beverage Control Administrator

VERIFICATION OF FOOD SERVICE COMPLIANCE
Related to
City of Madisonville, 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 certify 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 MADISONVILLE CITY CODE PERTAINING TO ALCOHOLIC BEVERAGE CONTROL. SUCH VERIFICATION IS MADE BY THE CITY ALCOHOLIC BEVERAGE CONTROL ADMINISTRATOR

VERIFICATION OF ZONING COMPLIANCE
Related to
City of Madisonville, Kentucky APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

This form must be completed by the Madisonville Planning & Zoning Commission, 67 N. Main Street, Madisonville, Kentucky before submitting your application for an Alcoholic Beverage License.

The current zoning of the property located at _____
Madisonville, Kentucky is _____

This zoning [circle one] (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__.

Madisonville Planning & Zoning
Commission Representative