

City of Somerset

Office of Alcoholic Beverage Control

City of Somerset
Janet Wilson, ABC Administrator
306 E Mt. Vernon Street
Somerset, KY 42501
E-Mail: abcadmin@cityofsomerset.com
Website: www.cityofsomerset.com
Phone: 606.677.0512
Fax: 606.677.9862
Mobile: 606.383.0077

Application Instructions

- Please fill out each section of both the state and local application.
- Fill out one application for each license
- All documents required for a state license should accompany this license including but not limited to: proof of residency and citizenship, current background check for all partners, newspaper affidavit, organizational papers if an LLC, partnership, or corporation, current deed or lease of property to be licensed, KY sales tax and Federal tax numbers, and business statement
- \$50 of the total application fee will be non-refundable. We will not accept cash or cards of any kind.
- An employee or owner who will be accountable for the sale of alcohol must present the application to the local ABC office in person and a notary will be supplied. Do not sign the affidavit of Applicant until presented to the local ABC office.
- A business that sells gasoline or does maintenance on motor vehicles must validate that they maintain a \$5,000 inventory of groceries on site.
- Applications will be accepted by appointment only. Please email (preferred) or call to schedule
- Contacts for verifications
 - Pulaski County Health Department 606.679.4416
 - Kentucky Fire Marshal Alan Walters 606.521.1566
 - City Building Inspector Joe Lyons 606.305.2685
 - City Planning & Zoning Joe Lyons 606.305.2685
 - City Clerk Nick Bradley 606.678.4466

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Office of Alcoholic Beverage Control

§ Basic Application §

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Phone: 606.677.0512
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Mobile: 606.383.0077

Name of Applicant: _____ Federal EIN# _____
If incorporated, please state the Name and State of incorporation: _____
List any D/B/A names: _____
Premise Address: _____
Mailing/Registered Agent Address: _____
Contact Person: _____
Premise Phone No: () _____ Contact Phone No:() _____
Fax No: () _____ Email address: _____

Types of Licenses and License Fees:

Please mark the appropriate line for each *type* of license(s) to which you wish to apply.

Note: The City uses the same time periods as the KY ABC Office when determining whether a license fee shall be for a "year" term, or only a "half year" term. This determination is made depending on which month you apply for a license(s). Please check with the local ABC Administrator to determine whether you will be required to pay the full year fee, or an adjusted half year fee. All fees listed below are Full Year fees.

1. Distilled spirits and wine license fees.

- | | |
|--|------------|
| <input type="checkbox"/> (a) Distiller's license, per annum | \$500.00 |
| <input type="checkbox"/> (b) Rectifier's license, per annum | \$3,000.00 |
| <input type="checkbox"/> (c) Wholesaler's license, per annum | \$3,000.00 |
| <input type="checkbox"/> (d) Quota retail package license, per annum | \$840.00 |

<input type="checkbox"/> 2. Quota retail drink license, per annum	\$840.00
<input type="checkbox"/> 3. Special temporary license, per event	\$136.50
<input type="checkbox"/> 4. Nonquota type 1 retail drink license (includes distilled spirits, wine, and malt beverages), per annum	\$2,000.00
<input type="checkbox"/> 5. Nonquota type 2 retail drink licenses (includes distilled spirits, wine, and malt beverages), per annum	\$1,000.00
<input type="checkbox"/> 6. Nonquota type 3 retail drink licenses (includes distilled spirits, wine, and malt beverages), per annum	\$300.00
<input type="checkbox"/> 7. Distilled spirits and wine special temporary auction license, per event	\$200.00
<input type="checkbox"/> 8. Special Sunday retail drink license, per annum	\$300.00
<input type="checkbox"/> 9. Extended hours supplemental license, per annum	\$2,000.00
<input type="checkbox"/> 10. Caterer's license, per annum	\$800.00
<input type="checkbox"/> 11. Bottling house or bottling house storage license, per annum	\$1,000.00
12. Malt beverage license fees as follows:	
<input type="checkbox"/> (a) Brewer's license, per annum	\$500.00
<input type="checkbox"/> (b) Microbrewery license, per annum	\$500.00
<input type="checkbox"/> (c) Malt beverage distributor's license, per annum	\$400.00
<input type="checkbox"/> (d) Nonquota retail malt beverage package license, per annum	\$200.00
<input type="checkbox"/> (e) Nonquota type 4 retail malt beverage drink license, per annum	\$200.00
<input type="checkbox"/> (f) Malt beverage brew-on-premises license, per annum	\$100.00
<input type="checkbox"/> 13. Limited restaurant license, per annum	\$1,050.00
<input type="checkbox"/> 14. Limited golf course license (includes distilled spirits, wine, and malt beverages), per annum	\$1,050.00

Total License Fee(s) Due: _____

Note: A certified check, cashier check, or money order made payable to: CITY OF SOMERSET must be provided with this application before any processing or review will begin.

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Affidavit of Applicant:

I, _____, the named individual, authorized agent, or corporate officer with authority to sign on behalf of the corporation as listed in Section I of this application, do hereby solemnly affirm that I am aware that my Kentucky State ABC application(s) is or will be incorporated and made a part of this application in full by reference herein, and that the answers contained in said application(s), as well as in this City Application, are true and correct to the best of my knowledge, information, and belief, and that this City Application will also be provided to the Kentucky ABC.

I further confirm that upon signing below, a copy of the City of Somerset Alcoholic Beverage Control Ordinance No. 13-19 has been provided to me in electronic format or print.

I further confirm that I will not allow anyone to erect a sign or banner on the licensed property or building that advertises any specific brand of alcoholic beverage.

I further confirm that I will require proper identification in order to purchase alcoholic beverages.

And finally, that I hereby consent to the authority of the local Alcoholic Beverage Control Administrator, and any other delegated and authorized agent of the City of Somerset, including the Somerset Police Department, for entry upon the subject premise(s) for purposes including, but not limited to, the following:

- (a) Inspections and searches of the licensed premise(s) for which this application applies.
- (b) Confiscation of articles found on said licensed premise(s) which violate(s) any local Ordinance or state Statute; and
- (c) Emergency and/or temporary closure of the licensed premise(s) if there is reasonable suspicion by the City, or any agent thereof, that the public health, safety, morals and

welfare of the citizens is threatened due to multiple violations of any Ordinance or state Statute, including, but not limited to, laws/regulations regarding disturbance of the peace and public disorder, which the City, or any agent thereof, believes to have occurred during any one day period of operation of the licensed premise(s).

Date: _____

Signature of Applicant: _____

COMMONWEALTH OF KENTUCKY

STATE AT LARGE

COUNTY OF _____

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

NOTARY PUBLIC

My Commission Expires: _____

Internal Use Only:

Approved: _____
City of Somerset ABC, Administrator

Date

City of Somerset

Office of Alcoholic Beverage Control

§ Verification of Food Service Compliance §

City of Somerset
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Mobile: 606.383.0077

SECTION I:

Name of Applicant: _____
If incorporated, please state the Name and State of incorporation: _____
List any D/B/A names: _____
Premise Address: _____
Mailing/Registered Agent Address: _____
Contact Person: _____
Premise Phone No: () _____ Contact Phone No: () _____
Fax No: () _____ Email address: _____

SECTION II:

The remainder of this form must be completed by the Pulaski County Health Department, Somerset, Kentucky, or other required or state authorized agency, before submitting your application to the City's Office of Alcoholic Beverage Control.

This is to affirm to the best of my knowledge, and in my official capacity as _____, that the above stated premise(s) and/or Applicant(s) listed above has obtained all permits necessary in order to comply with the Kentucky Food Service Establishment Act, and any other required local or state retail and/or food code requirements prior to commencing operation.

Signed this the _____ day of _____, 20 .

Authorized Agent of the Pulaski County Health Department

Form Created: CDW 07/12
Edited: JLW 09/16

City of Somerset

Office of Alcoholic Beverage Control

§ Verification of Fire Code Compliance §

City of Somerset
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Mobile: 606.383.0077

SECTION I:

Name of Applicant: _____
If incorporated, please state the Name and State of incorporation: _____
List any D/B/A names: _____
Premise Address: _____
Mailing/Registered Agent Address: _____
Contact Person: _____
Premise Phone No: () _____ Contact Phone No: () _____
Fax No: () _____ Email address: _____

SECTION II:

The remainder of this form must be completed by the state of Kentucky Fire Marshal, or other required or state authorized agency, before submitting your application to the City's Office of Alcoholic Beverage Control.

This is to affirm to the best of my knowledge, and in my official capacity as _____, that the above stated premise(s) meets all applicable local and state law requirements regarding Fire and Safety codes.

Premise Maximum Capacity: _____

Signed this the _____ day of _____, 20 .

Authorized Agent of the State Fire Marshal

*Form Created: CDW 07/12
Edited: JLW 09/16*

City of Somerset

Office of Alcoholic Beverage Control

§ Verification of Building Code Compliance §

City of Somerset
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Mobile: 606.383.0077

SECTION I:

Name of Applicant: _____
If incorporated, please state the Name and State of incorporation: _____
List any D/B/A names: _____
Premise Address: _____
Mailing/Registered Agent Address: _____
Contact Person: _____
Premise Phone No: () _____ Contact Phone No:() _____
Fax No: () _____ Email address: _____

SECTION II:

The remainder of this form must be completed by the state and/or local City Building Inspector before submitting your application to the City's Office of Alcoholic Beverage Control.

This is to affirm to the best of my knowledge, and in my official capacity as _____, that the above stated premise(s) meets all applicable local and state law requirements regarding building codes and enforcement.

Premise Capacity: _____

Signed this the _____ day of _____, 20 .

Authorized Agent of the City of Somerset Building Inspector

Form Created: CDW 07/12
Edited: JLW 09/16

City of Somerset

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§ Verification of City Tax Compliance §

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Fax: 606.677.9862
Mobile: 606.383.0077

SECTION I:

Name of Applicant: _____
If incorporated, please state the Name and State of incorporation: _____
List any DBA names: _____
Premise Address: _____
Mailing/Registered Agent Address: _____
Contact Person: _____
Premise Phone No: (____) _____ Contact Phone No: (____) _____
Fax No: (____) _____ Email address: _____

SECTION II:

The remainder of this form must be completed by the City Clerk before submitting your application to the City's Office of Alcoholic Beverage Control.

This is to affirm to the best of my knowledge, and in my official capacity as _____, that the above applicant and/or the subject premises is current on all city taxes owed personally and all businesses I am associated with in whole or by partnership as well as obtain all property business licenses from the City of Somerset.

Signed this the _____ day of _____, 20 .

Authorized Agent of the City of Somerset City Clerk's Office

Form Created: CDW 07/12
Edited: JLW 09/16

City of Somerset

Office of Alcoholic Beverage Control

§ Verification of Planning and Zoning Code Compliance §

City of Somerset
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Somerset, KY 42501
E-Mail: abcadmin@cityofsomerset.com
Website: www.cityofsomerset.com
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Fax: 606.677.9862
Mobile: 606.383.0077

SECTION I:

Name of Applicant: _____
If incorporated, please state the Name and State of incorporation: _____
List any D/B/A names: _____
Premise Address: _____
Mailing/Registered Agent Address: _____
Contact Person: _____
Premise Phone No: () _____ Contact Phone No: () _____
Fax No: () _____ Email address: _____

SECTION II:

The remainder of this form must be completed by the City's Planning and Zoning Director before submitting your application to the City's Office of Alcoholic Beverage Control.

This is to affirm to the best of my knowledge, and in my official capacity as _____, that the above applicant and/or the subject premises meet all current City of Somerset Planning and Zoning code requirements, rules, and regulations.

Signed this the _____ day of _____, 20 .

Authorized Agent of the City of Somerset Planning and Zoning Department

Form Created: CDW 07/12
Edited: JLW 09/16