City of Williamstown
Alcoholic Beverage Control Application Package v1
Rev 03/10/16
Applicant,

In order to assist you with the application process, we have created this package that includes all the required documents you will need to complete, the procedures that will guide you through the entire local application process, and what to expect from the KY State ABC application process. Below you will find a handy checklist that will ensure that all the required steps on forms are completed.

If any time you have a question, please contact me for assistance.

Rick Skinner, Mayor

Checklist of Items to be completed before applying

☐ Newspaper advertisement of a “Notice of Intent to Apply for License” (KRS 243.360)
☐ Completed Criminal Background check
☐ Completed Basic Application
☐ Completed and Signed Affidavit Form
☐ Completed Food Service Compliance Verification Form
☐ Completed Fire Code Compliance Verification Form
☐ Completed Williamstown Zoning Compliance Verification Form
☐ Completed Building Code Compliance Verification Form
☐ Obtained City Business License
☐ Received City Occupational License information (available online)
☐ Received (if requested) a copy of City ABC Ordinance (available online)
Basic Information:

Name of Applicant: 
Doing Business As: 
Premises Address: 
Mailing Address: 
Premises Phone: 
Contact Phone: 
Contact Fax: 
E-Mail Address: 

Licenses Type & Fees:

Check the boxes for the type(s) of license(s) you are applying for. Attach a certified check, cashier check, or money order made payable to: City of Williamstown. *Cash can be accepted when applying in person.

Total Fee Enclosed: $

Check the license box you are applying for:

Malt Beverage License Fees

☐ Brewer's License $ 500.00
☐ Microbrewery License $ 500.00
☐ Malt Beverage Distributor's License $ 400.00
☐ Non-Quota Retail Malt Beverage Package License $ 200.00
☐ Non-Quota Type 4 Retail Malt Beverage Drink License $ 200.00
☐ Malt Beverage Brew-On-Premises $ 100.00
<table>
<thead>
<tr>
<th>License Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distiller's License</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>Rectifier's License</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Wholesaler's Distilled Spirits &amp; Wine License</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Quota Retail Package License</td>
<td>$ 800.00</td>
</tr>
<tr>
<td>Special Temporary License, Per Event</td>
<td>$ 25.00</td>
</tr>
<tr>
<td>Non-Quota Type 1 Retail Drink License (includes distilled spirits, wine, and malt beverages)</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Non-Quota Type 2 Retail Drink License (includes distilled spirits, wine, and malt beverages)</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Non-Quota Type 3 Retail Drink License (includes distilled spirits, wine, and malt beverages)</td>
<td>$ 300.00</td>
</tr>
<tr>
<td>Distilled Spirits and Wine Special Temporary Auction License</td>
<td>$ 200.00</td>
</tr>
<tr>
<td>Special Sunday Retail Drink License</td>
<td>$ 300.00</td>
</tr>
<tr>
<td>Extended Hours Supplement License</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Caterer's License</td>
<td>$ 800.00</td>
</tr>
<tr>
<td>Bottling House or Bottling House Storage License</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Limited Restaurant License (includes distilled spirits, wine, and malt beverages)</td>
<td>$ 800.00</td>
</tr>
<tr>
<td>Limited Golf Course License (includes distilled spirits, wine, and malt beverages)</td>
<td>$ 800.00</td>
</tr>
<tr>
<td>The fee for each of the first five (5) supplemental bar licenses shall be the same as the fee for the primary drink license. There shall be no charge for each supplemental license issued in excess of five (5) to the same licensee at the same premises.</td>
<td>$_________</td>
</tr>
<tr>
<td>The holder of a non-quota retail malt beverage package license may obtain a non-quota type 4 malt beverage drink license for a fee of $50. The holder of a Non-quota type 4 malt beverage drink license may obtain a non-quota retail malt beverage license for a fee of $50.</td>
<td>$_________</td>
</tr>
</tbody>
</table>

Total Licenses Above: ___________
Application Fee (NR): $ 50.00
TOTAL AMOUNT: ___________
Affidavit

I ___________________________ do hereby solemnly swear or affirm that I am aware the State 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 confirm that I have received a copy of the Alcoholic Beverage Control Ordinance 2016-02 of the City of Williamstown, Kentucky, and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/her investigators 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 disturbances 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

STATE AT LARGE

COUNTY OF __________________

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

__________________________

Notary Public

Commission Expires: _____________

Approved: _____________________________  Date: _________________

Rick Skinner, Alcoholic Beverage Control Administrator
Verfication of Food Service Compliance
City of Williamstown Alcoholic Beverage License Application Requirement

Name of Applicant: ____________________________
DBA: ____________________________
Premises Address: ____________________________
Mailing Address: ____________________________
Phone Number: ____________________________
Cell Phone: ____________________________
Email Address: ____________________________

List all types of Licenses applying for: ____________________________________________________

The remainder of this form is to be completed by the Northern Kentucky Health Department only. Contact them at 610 Medical Village Drive, Edgewood Ky 41017 (859) 341-4264, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: ____________________________________________________

This is to certify that the premises listed above ( has ) (has not) obtained all necessary food service permits in order to comply with the Kentucky Food Service Code, with the following conditions, if any:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Establishment will be required to comply with applicable Kentucky Food Service Establishment Act and State Retail Food code requirements prior to commencing operation.

Signed this __________ day of ________________________________ 20,

__________________________________________
NKHD Representative
<table>
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List all types of Licenses applying for: ____________________________________________________________

The remainder of this form is to be completed by the City of Williamstown Fire Department only. Contact them at 400 North Main St., Williamstown, KY (859) 824-4959, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: ____________________________________________________________

This is to certify that the premises listed above (does) (does not) meet the current city adopted Fire & Life Safety Codes in order to comply with the City of Williamstown’s Alcoholic Beverage Control Ordinance, with the following conditions, if any:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Seating Requirement (if applicable):

__________________________________________________________________________________________

Signed this __________ day of ___________________________ 20,

City of Williamstown Fire Department Representative
Verification of Building Code Compliance
City of Williamstown Alcoholic Beverage License Application Requirement

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<tr>
<td>Email Address:</td>
</tr>
</tbody>
</table>

List all types of Licenses applying for: ____________________________________________________

The remainder of this form is to be completed by the City/ County Building Inspector only. Contact them at Grant County Courthouse, 101 North Main St., Williamstown, KY 41097 (859) 824-9608, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed:

This is to certify that the premises listed above (does) (does not) meet all applicable Building Codes in order to comply with the City of Williamstown’s Alcoholic Beverage Control Ordinance, with the following conditions, if any:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signed this _______ day of ____________________________ 20, 

Building Inspector
Name of Applicant: 
DBA: 
Premises Address: 
Mailing Address: 
Phone Number: 
Cell Phone: 
Email Address: 

List all types of Licenses applying for: __________________________________________________________

The remainder of this form is to be completed by the City Zoning Administrator only. Contact Laura McClanahan at 400 North Main Street, Williamstown, KY (859) 824-6351, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed:

This is to certify that the premises listed above (does) (does not) meet all applicable zoning requirements in order to comply with the City of Williamstown Alcoholic Beverage Control Ordinance, with the following conditions, if any:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Signed this __________ day of ____________________________________________ 20,

Laura McClanahan
Williamstown Zoning Administrator