

CITY OF SPRINGFIELD
ALCOHOL BEVERAGE CONTROL
APPLICATION FOR LICENSE RENEWAL

FROM: July 1, 20 THRU: June 30, 20

Mail this application together with check or money order made payable to the City of Springfield, at 127 West Main Street, Springfield, KY 40069.

Business Name: _____ Address: _____

Corporation Name: _____ Address: _____
(If Different from Business)

1. Is the applicant the owner of premises (Property) to be license? Yes ___ No ___
If the answer is NO, does your lease cover the full license period? Yes ___ No ___

NAME: _____ Date of Birth _____

ADDRESS: _____ Citizenship _____

2. I hereby affirm that there have been **NO** changes brought about during this past year which would necessitate a new application being made, nor has anyone (*1) interested in this license been convicted of a felony or misdemeanor, directly related to the sale of alcoholic beverages since this license was last renewed. If changes have been made, attach a statement giving full detail. The information submitted with my original application is still valid, and will remain a valid reference to this file.

Additionally, I further affirm that I have read and fully understand the Ordinance of the City of Springfield, 2001-004B governing the sale and distribution of Alcoholic Beverages, hours and days of required closing, prohibited conduct in or about my place of business, and the operation of an establishment involving Alcoholic Beverages.

Signature: _____(*2) Date: _____

Business Phone: _____ Home Phone: _____

Sworn and subscribed before me this _____ day of _____, 20____

My Commission expires_____. Notary Public _____
(Notary Seal Here)

*1 - The business proprietor, partners and all parties having interest in the business to be licensed, if incorporated, officers directors and managers.

*2 - Must be signed by principal partner (holds larger interest) or in the case of a corporation, one of the following: The President, Vice President, Secretary or Treasurer.

ALCOHOL BEVERAGE CONTROL

(PAGE 2)

Business Name: _____

Business Address: _____

KY Alcoholic Beverages License No. _____ Date Issued _____

1. Type(s) of License to be renewed: _____
(Class)

Class A – Retailer’s package license for distilled spirits and wine.
(Permits only the retail sale of distilled spirits and wine
in sealed packages, but not for consumption on the licensed
premises).....\$600.00

Class B – Retailer’s license for malt beverages.....\$200.00

Class C – Restaurant wine license...(Original License).....\$600.00
(Renewal).....\$400.00

Class D – Limited / Liquor by the drink & Wine by the drink.....\$600.00

Class E – Special temporary license for malt beverages..... \$25.00

2. Amount of fee to be paid to the City \$ _____

3. Period covered by license from **July 1, 20__ thru June 30, 20__**.

4. Number of employees: Full Time _____ Part Time _____

5. Is this application for: New License _____ Renewal **X** _____

Sign and stop here: _____.

Renewal Application Approved _____ Not Approved (see comments) _____

City of Springfield Alcohol Beverage Control Administrator _____

