

City of Dawson Springs

ALCOHOLIC BEVERAGE CONTROL

APPLICATION INSTRUCTIONS

- A. Properly complete each appropriate State Application Form.
- B. Run a legal advertisement in the Madisonville Messenger. A copy of an Affidavit of Advertisement signed by the newspaper and a copy of the actual advertisement must 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 attach a copy of your lease, dates and signed by both the lessee and lessor. Lessee must be the same party or parties as listed on the application form. The lease must be valid and in force through the full licensing period. All license periods end annually on April 30.
- F. A City of Dawson Springs 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 City Clerk of the City of Dawson Springs must be submitted with this application form in the form of a Check, Certified Check, Money Order, or Cash.
- H. The investigative process will normally take three to five working days at the local level. If problems or questions arise, the investigation process may increase. For this reason, it is imperative that the applicant furnish a telephone number where a responsible party may be reached by the investigating officer.
- I. After the local Administrator has approved or denied each application received, all original state documents will be returned to you. Approved applications should then be mailed or delivered to the Kentucky Alcoholic Beverage Control Board, 1003 Twilight Trail, Frankfort, KY 40601.
- J. If you have any questions or concerns, you may contact the Dawson Springs Alcoholic Beverage Control Administrator at (270) 797-2277 or you may visit us at the Dawson Springs Police Department at 200 West Arcadia Avenue in Dawson Springs. Our mailing address is P O Box 345, Dawson Springs, KY 42408.

Applications for renewal of licenses required by this section shall be made for each year beginning the first day of May and extending through the last day of April of the succeeding year; Applications for renewal are to be filed with the Dawson Springs Alcoholic Beverage Control Administrator not less than 15 days nor more than 45 days prior to expiration.

City of Dawson Springs

ABC LICENSE FEE SCHEDULE

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

Retail Beer	\$200.00
Restaurant Wine, new applicant	\$600.00*
Restaurant Wine, renewal	\$400.00*
Restaurant Drink	\$600.00**
Package Liquor	\$600.00
Special Private Club License	\$300.00
Hotel/Motel/Inn License	\$600.00**

Special Temporary License (by the drink)

Per month or part of month

Temporary Wine	\$50.00
Temporary Beer License	\$25.00

* Must receive fifty percent (50%) or more of its gross annual income from the sale of food and have a minimum seating capacity of fifty (50) people at tables.

** Must receive fifty percent (50%) or more of its gross annual income from the sale of food and have a minimum seating capacity of one hundred (100) people at tables.

ALCOHOLIC BEVERAGE CONTROL APPLICATION FORM

City of Dawson Springs, Kentucky

200 West Arcadia Avenue, P O Box 345
Dawson Springs, KY 42408

Section One:

Name of Applicant: _____

d/b/a/: _____

Business Address: _____

Mailing address: _____

Section Two:

Check One: New License Application () Renewal Application ()

If new license application, list desired opening date: _____

If renewal application, list your state license numbers below:

Section Three:

Fees: (fill in amount(s) from our attached schedule for each applicable license)

Retail Beer: \$ _____ Temporary Beer: \$ _____

Restaurant Wine: \$ _____ Temporary Wine: \$ _____

Restaurant Drink: \$ _____ Package Liquor: \$ _____

Hotel/Motel/Inn: \$ _____ Special Private Club: \$ _____

Other: \$ _____

Total funds attached as payment: \$ _____

Section Four:

Affidavit of ownership:

Individual Name(s)	Title	Date of Birth	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section Five:

Premises: Is premises owned by applicant? Yes () No ()

If no is checked, complete the following and attach a copy of lease:

Owner of Premises: _____

Term of Lease: _____ Years: from: _____ to _____

Section Six:

Resident Manager: Name: _____ SSN: _____

Business telephone number: _____

Section Seven:

You MUST check yes, no, or NA to each of the following questions:

1. If this application is for a retail package store, will (or are) at least ninety percent (90%) of the total projected gross receipts from the sales made at the licensed premises consist of alcoholic beverages? Yes () No () NA ()
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 \$5,000.00 of food, groceries, and related products (excluding alcoholic beverages and tobacco products) valued at cost? Yes () No () NA ()
3. Is the entire license fee being paid by the applicant and by no other person? Yes () No () NA ()

Verification of Zoning Compliance
Related to
City of Dawson Springs, Kentucky
Application for Alcoholic Beverage License

This form must be completed by the Dawson Springs Zoning Administrator, 200 West Arcadia Avenue, Dawson Springs, Kentucky prior to submitting your application for an Alcoholic Beverage License.

The current zoning of the property located at _____,
Dawson Springs, Kentucky is _____.

The zoning (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__.

Dawson Springs Zoning Administrator

VERIFICATION OF FOOD SERVICE COMPLIANCE

Related to

City of Dawson Springs, 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 verify 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 Dawson Springs City Code pertaining to Alcoholic Beverage Control. Such verification is made by the Dawson Springs Alcoholic Beverage Control Administrator.