

City of Madisonville
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
APPLICATION INSTRUCTIONS

- A. A MADISONVILLE OCCUPATIONAL LICENSE FORM MUST BE COMPLETED AND RETURNED WITH THE APPROPRIATE MINIMUM LICENSE FEE ATTACHED TO THIS APPLICATION FORM.
- B. 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 APRIL 30.
- C. 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 Check, Money Order (payable to the Director of Finance) or Cash.
- D. 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 telephone number and/or email address where a responsible party may be reached by the investigating officer assigned to handle the application.
- E. After the local Administrator has approved Application received, all original state documents and forms will be returned to you. To complete state application please visit Kentucky Department of Alcoholic Beverage Control at <https://abc.ky.gov>

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 MAY AND EXTENDING THROUGH THE LAST DAY OF APRIL 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	\$100.00
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
Microbrewery License	\$500.00

ALCOHOLIC BEVERAGE CONTROL APPLICATION FORM
City of Madisonville, Kentucky
67 N. Main, P. O. Box 705
Madisonville, Kentucky 42431

SECTION ONE:

Name of Applicant: _____
 d/b/a: _____
 Business Address: _____
 Mailing Address: _____

SECTION TWO:

If New License Application, list desired opening date: _____

SECTION THREE:

Fees: (Fill in amount(s) from our attached Schedule for each applicable license) Quota Retail Drink License \$ _____
 Quota Retail License \$ _____
 Non-Quota Type-1 Retail Drink License (convention center) \$ _____
 Non-Quota Type-2 Retail Drink License (restaurant) \$ _____
 Non-Quota Type-3 Retail Drink License (private club) \$ _____
 Special Temporary Retail Drink License \$ _____
 Non-Quota Type-4 Retail Malt Beverage Drink License \$ _____
 Non-Quota Retail Malt Beverage Package License \$ _____
 Non-Quota Malt Beverage Distributors License \$ _____
 Microbrewery License \$ _____
 Total ABC Fees Remitted: \$ _____

SECTION FOUR:

Affidavit of Ownership:

Individual Name(s)	Title	D.O.B.	Soc. Sec. #

SECTION FIVE:

Premises: Is premises owned by Applicant Yes () No ()
 If No is checked, complete following and attach a copy of Lease:
 Owner of Premises: _____
 Term of Lease: _____ Years: From _____ To _____

SECTION SIX:

Resident Manager: Name: _____
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 ()

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 _____

Duane Snyder, 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