



# City of Campbellsville

## Office of Alcohol Beverage Control

### Application Instructions

- Complete each section of both the state and local applications
- Attach a **copy** of the state application and all supporting documents to the local application.
- An employee or owner who will be accountable for the sale of alcoholic beverages must present the application to the local Alcoholic Beverage Control Office in person and a notary will be supplied. Do not sign the affidavit of Applicant until presented to the local Alcohol Beverage Control Office.
- License fees must accompany the application at the time of submission. Payment is to be made in the form of Certified Check, Cashier's Check or Money Order. All forms of payment for the local ABC License are to be made payable to "City of Campbellsville". If the application is withdrawn or is not issued, the fee will be refunded upon receipt of a written request for a refund minus a \$50.00 application processing fee.
- Applications will be accepted by appointment only. Please email or call to schedule your appointment.
- Submit both the local and state application for alcohol beverage license(s) to the local Alcohol Beverage Control Administrator and respective payments for further processing.
- City of Campbellsville Alcohol Beverage Control Administrator:
  - Dennis Benningfield
  - 132 S. Central Ave., Campbellsville, KY 42718
  - Phone 270-465-4121
  - Email: [dennis.benningfield@campbellsville.us](mailto:dennis.benningfield@campbellsville.us)
- Other contact information:
  - Chris Taylor, Fire Chief 270-465-4131
  - Carley Fudge, Building Inspector 270-634-4135
  - Chris Tucker, Planning & Zoning 270-465-3576
  - Taylor County Health Department 270-465-4191

City of Campbellsville  
Office of Alcohol Beverage Control  
Basic Application

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:  
\_\_\_\_\_

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. License year is April 20 through April 19.*

- 1. Distiller's License, per annum ..... \$500.00
- 2. Rectifier's License
  - a. Class A, per annum ..... \$3,000.00
  - b. Class B (craft rectifier), per annum ..... \$960.00
- 3. Wholesaler's License, per annum ..... \$3,000.00
- 4. Quota Retail Package License, per annum ..... \$1,000.00
- 5. Quota Retail Drink License, per annum ..... \$1,000.00
- 6. Special Temporary License, per event ..... \$166.00

- 7. Non-quota Type 1 Retail Drink License, per annum  
(includes distilled spirits, wine, and malt beverages) ..... \$2,000.00
- 8. Non-quota Type 2 Retail Drink License, per annum  
(includes distilled spirits, wine and malt beverages) ..... \$1,000.00
- 9. Non-quota Type 3 Retail Drink License, per annum  
(includes distilled spirits, wine and malt beverages) ..... \$300.00
- 10. Special Temporary Alcohol Auction License, per event ..... \$25.00
- 11. Special Sunday Retail Drink License, per annum ..... \$300.00
- 12. Extended Hours Supplement License, per annum ..... \$2,000.00
- 13. Caterer's License, per annum ..... \$800.00
- 14. Bottling House or Bottling House Storage License, per annum \$1,000.00
- 15. Brewer's License, per annum ..... \$500.00
- 16. Microbrewery License, per annum ..... \$500.00
- 17. Malt Beverage Distributor's License, per annum ..... \$400.00
- 18. Non-quota Retail Malt Beverage Package License, per annum \$200.00
- 19. Non-quota Type 4 Retail Malt Beverage Drink License,  
per annum ..... \$200.00
- 20. ~~Malt Beverage Brew-on-Premises License, per annum ..... \$100.00~~
- 21. Limited Restaurant License, per annum  
(includes distilled spirits, wine, and malt beverages) ..... \$1,200.00
- 22. Limited Golf Course License, per annum  
(includes distilled spirits, wine, and malt beverages) ..... \$1,200.00
- 23. 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. Number of supplemental bar license\_\_\_\_\_ Cost \$\_\_\_\_\_

The holder of a Nonquota retail malt beverage package license may obtain a Nonquota Type 4 malt beverage drink license for a fee of fifty dollars (\$50).

The holder of a Nonquota type 4 malt beverage drink license may obtain a nonquota retail malt beverage package license for a fee of fifty dollars (\$50).

**Total License Fee(s) Due:** \_\_\_\_\_

*Note: A certified check, cashier check, or money order made payable to: **City of Campbellsville** must be provided with this application before any processing or review will begin.*

**Affidavit/Waiver 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 Campbellsville Alcoholic Beverage Control Ordinance No. 16-08 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.

I hereby give permission for the City of Campbellsville Alcohol Beverage Control Administrator and its representatives to obtain information relating to my potential criminal history record.

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 Campbellsville, including the Campbellsville 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 Statue; 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 Statue, 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: \_\_\_\_\_ Date \_\_\_\_\_

City of Campbellsville Alcoholic Beverage Control Administrator

**VERIFICATION OF ZONING COMPLIANCE**

**Related to  
City of Campbellsville, Kentucky**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

This form must be completed by the Campbellsville Planning and Zoning Commission, 400 Ingram Ave. Campbellsville, KY 42718, (270) 465-3576 before submitting your application for an Alcoholic Beverage License.

**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: \_\_\_\_\_

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.

The applicant's premises/establishment/property is zoned as:

- B-1       B-2       B-3       B-4

Does the property adjoin residential zoned property?     YES       NO

*Disclaimer: The above applicant and/or the subject premises may be subject to additional City of Campbellsville Planning and Zoning code requirements, rules, and regulations. Please contact the City of Campbellsville Planning and Zoning Commission for further guidance concerning guidelines and regulations related to alcohol sales and zoning requirements.*

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Chris Tucker, Director  
City of Campbellsville Planning and Zoning Commission

**VERIFICATION OF BUILDING CODE COMPLIANCE  
Related to  
City of Campbellsville, Kentucky**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**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: \_\_\_\_\_

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 Maximum Capacity: \_\_\_\_\_

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Building Inspector, \_\_\_\_\_ (Agency)

**VERIFICATION OF CITY TAX COMPLIANCE**

**Related to**

**City of Campbellsville, Kentucky**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**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:

\_\_\_\_\_

Premise Phone No.: (     ) \_\_\_\_\_

Contact Phone No.: (     ) \_\_\_\_\_

Fax No: ( ) \_\_\_\_\_ Email : \_\_\_\_\_

**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 in all businesses associated with in whole or by partnership, as well as, have obtained all property business licenses from the City of Campbellsville.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

City of Campbellsville City Clerk/Deputy City Clerk



**VERIFICATION OF FIRE CODE COMPLIANCE**

**Related to**

**City of Campbellsville, Kentucky**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**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:

\_\_\_\_\_

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

**VERIFICATION OF FOOD SERVICE COMPLIANCE**  
**Related to**  
**City of Campbellsville, Kentucky**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**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:

\_\_\_\_\_

Premise Phone No.: ( ) \_\_\_\_\_

Contact Phone No.: ( ) \_\_\_\_\_

Fax No: ( \_\_\_\_\_

Email address: \_\_\_\_\_

**SECTION II:**

The remainder of this form must be completed by the Taylor County Health Department, Campbellsville, 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 Taylor County Health Department