

City of Berea Alcoholic Beverage Control



Application Packet

Revised November 2015



ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM

City of Berea, Kentucky

212 Chestnut Street

Berea, Kentucky 40403

Phone: (859) 986-8528 Fax: (859) 986-7657

Website: www.bereaky.gov

Randy Stone, ABC Administrator rstone@bereaky.gov

SECTION A:

Name of Applicant: _____

D/B/A: _____

Premises Address: _____

Mailing Address: _____

Premises Phone No.:(____)_____ Contact Phone No.:(____)_____

Fax No.:(____)_____ Email address: _____

Fee Enclosed \$ _____

SECTION B:

Check the license type(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type(s) are met.

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
RETAIL – NON QUOTA		
<input type="checkbox"/> Limited Restaurant License LR50 (KRS 243.034, KRS, KRS 242.1244, 241.010(31)(b) <input type="checkbox"/> LR50 – Minimum 70% food sales and minimum seating capacity of 50 persons at tables	\$1,200	\$600
<input type="checkbox"/> Caterer’s License (KRS 243.033, 804 KAR 4:310) Premises contain commissary and applicant holds food service permit.	\$800	\$400
SUPPLEMENTAL LICENSES		
<input type="checkbox"/> Special Sunday Retail Drink License Available if authorized by local ordinance or election. (KRS 244.290, KRS 243.050)	\$300	\$150
<input type="checkbox"/> Extended Hours Supplemental License Available only to holders of Qualified Historic Site licenses. (KRS 244.290, 804 KAR 4:230)	\$2,000	\$1,000

VERIFICATION OF FOOD SERVICE COMPLIANCE
Related to
City of Berea, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

Phone No.: (____) _____ Cell Phone No.: (____) _____

Email address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the Madison County Health Department,
214 Boggs Lane, Richmond, Kentucky, Phone: 859-623-7312, before submitting your
application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above have obtained all necessary food service permits in order to comply with the Kentucky Food Service Code. Please note 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 _____.

Madison County Health Department Representative

VERIFICATION OF FIRE CODE COMPLIANCE
Related to
City of Berea, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

Phone No.: (____) _____ Cell Phone No.: (____) _____

Email address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the City of Berea Fire Chief,
212 Chestnut Street, Berea, KY, Phone: 859-986-2898, before submitting your application for
an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above meets the current, city adopted Fire and Life Safety Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Berea, Kentucky. Please note the following conditions, if any:

Seating Requirement if applicable _____

Signed this _____ day of _____, 20 _____.

City of Berea Fire Chief

VERIFICATION OF BUILDING CODE COMPLIANCE
Related to
City of Berea, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

Phone No.: (____) _____ Cell Phone No.: (____) _____

Email address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the City Building Inspector, 212 Chestnut Street, Berea, KY, Phone: 859-986-8528, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above meets all applicable Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Berea, Kentucky. Please note the following conditions, if any:

Signed this _____ day of _____, 20 _____.

City Building Inspector