

# **City of Berea Alcoholic Beverage Control**



## **Application Packet**

Revised April 2017



**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](http://www.bereaky.gov)

Randy Stone, ABC Administrator [rstone@bereaky.gov](mailto: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
<b>RETAIL – NON QUOTA</b>		
<input type="checkbox"/> <b>Limited Restaurant License</b> 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	<b>\$1,200</b>	<b>\$600</b>
<input type="checkbox"/> <b>Limited Golf Course License</b> (KRS 243.038, KRS 243.039) 9-hole or 18-hole USGA regulation golf course..	<b>\$1,200</b>	<b>\$600</b>
<input type="checkbox"/> <b>Qualified Historic Site License</b> (KRS 241.010, KRS 243.042)		
<b>SUPPLEMENTAL LICENSES</b>		
<input type="checkbox"/> <b>Special Sunday Retail Drink License</b>  Available if authorized by local ordinance or election. (KRS 244.290, KRS 243.050)	<b>\$300</b>	<b>\$150</b>
<input type="checkbox"/> <b>Extended Hours Supplemental License</b>  Available only to holders of Qualified Historic Site licenses. (KRS 244.290, 804 KAR 4:230)	<b>\$2,000</b>	<b>\$1,000</b>

**SECTION C:**

Affidavit

I, \_\_\_\_\_ do hereby solemnly swear or affirm that **I am aware that my State application is incorporated, made a part of this application, and must be included with this application**, and that the answers contained are true and correct to the best of my knowledge, information and belief. I confirm that I have received a copy of the current Alcoholic Beverage Control Ordinance of the City of Berea, Kentucky, and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/hers investigators 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.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Title: \_\_\_\_\_

Approved: \_\_\_\_\_  
Alcoholic Beverage Control Administrator Date

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

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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.

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Address of premises to be licensed: \_\_\_\_\_

This is to certify that the premises listed above have obtained all necessary food service permits, or construction plan approvals, 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: \_\_\_\_\_

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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.

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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: \_\_\_\_\_

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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.

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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