# City of Berea Alcoholic Beverage Control



## **Application Packet**

Revised November 2015

# TEREA. ACTION OF THE PERSON OF

#### 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 <a href="mailto:rstone@bereaky.gov">rstone@bereaky.gov</a>

#### 

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

#### **SECTION C:**

Affidavit					
I,	do hereby solemnly swear or affirm that				
I am aware that my State application is incorporated, a	nade a part of this application, and must				
be included with this application, and that the answers of	contained are true and correct to the best of				
my knowledge, information and belief. I confirm that I ha	ve received a copy of the current Alcoholic				
Beverage Control Ordinance of the City of Berea, Kentuck	ky, and I hereby consent to the authority of				
the Alcoholic Beverage Control Administrator and his/l	· , , ,				
searches of the licensed premises listed above: (b) confi					
premises in violation of any Ordinance or Statute; and					
licensed premises if the public health, safety, morals and	• 1				
of any Ordinance or Statute involving disturbance of the pone day's operation of the licensed premises.	eace or public disorder during the course of				
Signature of Applicant: Date	te of Application:				
Title:					
Approved:					
Alcoholic Beverage Control Administrator	Date				

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#### VERIFICATION OF FOOD SERVICE COMPLIANCE

#### Related to

### City of Berea, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant:				
Business Address:		<del></del>	<del></del>	
Phone No.: ()	C	ell Phone No.: (	)	
Email address:				
List all types of license	es you are applying for:			
214 Boggs Lar	of this form must be comple, Richmond, Kentucky, Plan Alcoholic Beverage Lic	hone: 859-623-7312	n County Health Department, , before submitting your	
Address of premises to	be licensed:			
_	-		ecessary food service permits he following conditions, if any	
	e required to comply with a code requirements prior to		Food Service Establishment A	ıct
	lay of			
Madison County Heal	h Department Representati	ve		

#### VERIFICATION OF FIRE CODE COMPLIANCE

#### Related to

#### City of Berea, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant:	
Business Address:	
Mailing Address:	
Phone No.: ()	Cell Phone No.: ()
Email address:	
List all types of license	s you are applying for:
212 Chestnut St	of this form must be completed by the City of Berea Fire Chief, creet, Berea, KY, Phone: 859-986-2898, before submitting your application for everage License.
Address of premises to	be licensed:
riddress of prefindes to	be needsed.
Codes in order to con	he premises listed above meets the current, city adopted Fire and Life Safety apply with the Alcoholic Beverage Control Ordinance of the City of Berea the following conditions, if any:
Seating Requirement if	applicable
Signed thisd	ay of, 20
	 f

#### VERIFICATION OF BUILDING CODE COMPLIANCE

#### Related to

#### City of Berea, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant:			
Business Address:			
Mailing Address:			
Phone No.: ()		Cell Phone No.: (	)
Email address:			
List all types of license	es you are applying for: _		
	XY, Phone: 859-986-8528		Building Inspector, 212 Chestnut your application for an Alcoholic
Address of premises to	be licensed:		
•	nolic Beverage Control (		cable Building Codes in order t y of Berea, Kentucky. Please not
Signed thisc	lay of		
City Building Inspecto	r		