

City of Berea Alcoholic Beverage Control



Application Packet

Revised October 2019



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

David Gregory, ABC Administrator dgregory@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 - RETAIL	Full Year	Half Year
<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"/> Limited Golf Course License (KRS 243.038, KRS 243.039) 9-hole or 18-hole USGA regulation golf course..	\$1,200	\$600
<input type="checkbox"/> Qualified Historic Site License (KRS 241.010, KRS 243.042)	\$1,030	\$515
<input type="checkbox"/> Caterer's License (KRS 241.010, KRS 243.033)	\$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
<input type="checkbox"/> Supplemental Bar License Fees are required for the first five. (KRS 243.037, KRS 241.010) <input type="checkbox"/> Limited Restaurant <input type="checkbox"/> Limited Golf Course For how many Supplemental Licenses is the applicant applying? _____	\$1,200 \$1,200	\$600 \$600

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, 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: _____

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