City of Berea Alcoholic Beverage Control



Application Packet

Revised July 2023



ALCOHOLIC BEVERAGE CONTROL LOCAL APPLICATION FORM

City of Berea, Kentucky 212 Chestnut Street Berea, KY 40403 Phone: (859) 986-8528, FAX: (859) 986-7657

Website: www.bereaky.gov

Casey Botkin, ABC Administrator: cbotkin@bereaky.gov

Name of Applicant:		
Doing business as:		
Premises Address:		
Mailing Address:		
Premises Phone:	Contact Phone:	
Fax Number:	Email address:	
Fee Enclosed:		

SECTION B - LICENSE TYPES AND FEES

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 ANNUAL FEE** Quota Retail Package License (KRS 243.230, KRS \$1000 243.240, 804 KAR 9:040) Quota Retail Drink License (KRS 243.230, KAR 9:050) \$1000 Non-quota Retail Malt Beverage Package License (issued to holder of Non-quota Type 4 retail malt \$400 beverage drink license (KRS 243.280) Non-quota Type 4 Retail Malt Beverage Drink License (issued to holder of Non-quota Retail Malt \$400 Beverage Package License) (KRS 243.088) All other Non-quota Retail Malt Beverage Package \$400 Licenses All other Non-quota Type 4 Retail Malt Beverage \$200 **Drink Licenses** \$100 Malt Beverage Brew on Premises License

SECTION B (Continued)

ANNUAL FEE		
\$2000		
\$1000		
\$300		
\$1200		
\$1200		
\$1000		
\$800		
ANNUAL FEE		
\$3000		
\$1500		
\$3000		
\$1500		
\$500		
\$500		

SECTION B (Continued)

LICENSE TYPE: DISTRIBUTION/WHOLESALE	ANNUAL FEE		
Wholesaler's License (KRS 243.160, KRS 243.170)	\$3000		
Distributor's License (KRS 243.180, KRS 244.606)	\$500		
LICENSE TYPE: STORAGE	ANNUAL FEE		
Bottling House or Bottling House Storage License (KRS 243.035)	\$1000		
LICENSE TYPE: ADDITIONAL LICENSES	ANNUAL FEE		
Supplemental Bar License Fees are required for the first five. (KRS 243.037, KRS 241.010) Check the required primary license type: Limited Restaurant Limited Golf Course Quota Retail Drink NQ-2 Retail Drink NQ-3 Retail Drink For how many Supplemental Licenses is the applicant	\$1000		
applying?			
Special Sunday Retail Drink License (KRS 244.290, KRS 244.295)	No Fee		
Special Temporary License (fee per event)	\$150		
Distilled Spirits and Wine Special Temporary Auction License (fee per event)	\$200		

SECTION C – FIRE CODE COMPLIANCE

This section must be completed by the **City of Berea Fire Chief** or designee, located at 212 Chestnut Street Berea, KY 40403. For scheduling or questions, please call 859-986-2898. An inspection must occur before your local Alcoholic Beverage License can be approved.

dress of premises to be licensed:
is is to certify that the premises listed above meets the current city adopted fire and life safety codes in order to comply with Alcoholic Beverage Control Ordinance of the City of Berea, Kentucky.
ating requirement (if applicable):
ned this day of, 20
y of Rerea Fire Chief or designee

SECTION D – BUILDING CODE COMPLIANCE

This section must be completed by the **City of Berea Codes Department**, located at 212 Chestnut Street Berea, KY 40403. For scheduling or questions, please call 859-986-8528. An inspection must occur before your local Alcoholic Beverage License can be approved.

Address of p	remises t	o be licensed:			
This is to cer	tify that t			es in order to comply with the Alco	oholic
Signed this _	da	ay of	, 20		
City of Berea	a Codes I	Department Representative			
		SECTION E – HE	EALTH AND FOOD CODE	COMPLIANCE	
	ng or que	stions, please call 859-623-7		ocated at 214 Boggs Lane Richmon r before your local Alcoholic Beve	
This is to cer	tify that t			rvice permits, or construction plar	n approvals, in
Signed this _	da	ay of	, 20		
Madison Cor	ınty Heal	th Department Representati	ve		
		SECTION F – LO	CAL ABC ADMINISTRAT	OR APPROVAL	
correct to the Control Ord Administrate articles foun licensed pres	best of minance of or and his d on said	pplication, and must be included by knowledge, information, as f the City of Berea, Kentuck/her investigators for: (a) in a licensed premises in violatine public health, safety, more	luded with this application, and and belief. I confirm that I have a cky, and I hereby consent to the spections and searches of the liction of any Ordinance or Staturals and welfare is threatened by	n aware that my state application is that the answers contained here received a copy of the current Alcohe authority of the Alcoholic Becensed premises listed above; (b) atte; and (c) emergency temporary y multiple violations of any Ordin y's operation of the licensed premises.	in are true and sholic Beverage verage Control confiscation of closure of the lance or Statute
Signature of	Applican	t:	Date of Applica	ation:	
Approved:	Yes	No	Signed this	day of	, 20
Alcoholic Be	everage C	Control Administrator (printe	ed) Alcoholic I	Beverage Control Administrator Si	ignature