Schedule A

CITY OF LONDON
ABC LICENSE RENEWAL FORM

Section I:

Name of Applicant: _____

D/B/A: _____

Mailing Address: _____

Premise Address: _____

Premise Phone #: (___) _____ Contact Phone #: (___) _____

Fax #: (___) _____ Email Address: _____

Name & Address of Property Owner:

_____

_____

_____

Section II:

Types of Licenses and License Fees

Mark the appropriate box for each type of license(s) for which you wish to renew.

Enclose a check or money order payable to: CITY OF LONDON

Fee Enclosed $ _____

Attach a copy of your current Kentucky State A.B.C. License.

LICENSE TYPE	PAY THIS AMOUNT	☑
Distilled Spirits and Wine Fees		
Quota Retail Package License, per annum	$1,000.00	☐
Special Temporary License, per event	$166.66	☐
Non-quota Type 1 Retail Drink License	$2,000.00	☐
Non-quota Type 2 Retail Drink License, per annum	$1,000.00	☐
Non-quota Type 3 Retail Drink License, per annum	$300.00	☐
Distilled Spirits /Wine Special Temporary Auction License, per event	$200.00	☐
Extended Hours Supplemental License, per annum	$2,000.00	☐
Caterer's License, per annum	$800.00	☐
Bottling House License	$1000.00	☐
Malt Beverage		
Brewer's License	$500.00	☐
Distributor's License	$400.00	☐
Microbrewery License, per annum	$500.00	☐
Non-quota Retail Malt Beverage Package License, per annum	$200.00	☐
Non-quota Type 4 Retail Malt Beverage Drink License, per annum	$200.00	☐
Malt Beverage Brew-on-premises, per annum	$100.00	☐
Other License Fees		
Limited Restaurant License, per annum	$800.00	☐
Special Sunday Retail Drink License, per annum	$300.00	☐
Limited Golf Course License, per annum	$1,200.00	☐
Distiller's License, per annum	$500.00	☐
Rectifier's License - Class A, per annum	$3,000.00	☐
Rectifier's License - Class B (craft rectifier), per annum	$960.00	☐
Wholesaler's Distilled Spirits and Wine License, per annum	$3,000.00	☐

Section III:

I, _____, do hereby solemnly swear or affirm that I am aware that my Kentucky State ABC License application is incorporated and made part of this application, and that the answers contained are true and correct to the best of my knowledge, information, and belief. I hereby consent to the authority of the City's Alcoholic Beverage Control Administrator and his/her investigators for (a) inspections or 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.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ _____
Signature Date

_____ _____
Print Name Title

Approved:

_____
City of London Alcoholic Beverage Control Administrator

Date: _____
Date

Remit Check or Money Order Payable to:

CITY OF LONDON ABC
Administrator
501 South Main Street
London, KY 40741