

**ALCOHOLIC BEVERAGE CONTROL TEMPORARY LICENSE  
APPLICATION FORM**

CITY OF WILMORE, KENTUCKY  
ATTN: ABC ADMINISTRATOR

210 S. Lexington Ave., Wilmore, KY 40390

Website: [www.wilmore.org](http://www.wilmore.org)

Nelson G. Shrou, ABC Administrator [nshrout@wilmore.org](mailto:nshrout@wilmore.org) (859) 858-8955

Name of Applicant: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Premise Address: \_\_\_\_\_

Premise Phone #: (\_\_\_\_\_) \_\_\_\_\_ Contact Phone #: (\_\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name & Address of Property Owner: \_\_\_\_\_

Name of Special Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Date(s) & Time(s) of Event: \_\_\_\_\_

**Check the box for the type(s) of license(s) you are applying for:**

- |   |          |
|---|----------|
| <input type="checkbox"/> Special Temporary License ( KRS 243.260 & 804 KAR 4:250)                 | \$133.00 |
| <input type="checkbox"/> Special Temporary Auction License—Distilled Spirits & Wine (KRS 243.036) | \$100.00 |

**FEE DUE:** \$ \_\_\_\_\_

**Have you attached the following?**

- |  |  |
|--|--|
| <b>Check or Money Order Payable to the City of Wilmore</b> | <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |
| <b>State Application</b>                                   | <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |
| <b>Criminal Background Check</b>                           | <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |
| <b>Detailed Compliance Plan</b>                            | <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |
| <b>Proof Of Server Training</b>                            | <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |
| <b>Proof Of Insurance</b>                                  | <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |

(If the event is being held in or on public property, a copy is required with each application specific to the location of the event)

**Affidavit**

I, \_\_\_\_\_ do hereby solemnly swear or affirm that I am aware that my Kentucky State ABC License application is incorporated and made a part of this application, and that the answers contained are true and correct to the best of my knowledge, information and belief. I confirm that a copy of Chapter 3 - Alcoholic Beverages, of the City of Wilmore, Kentucky Code of Ordinances, has been provided to me in electronic format or print, and 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.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant's Title

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This is to certify that the foregoing document was subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
ID#

(Seal)

My Commission Expires \_\_\_\_\_

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Approved:

\_\_\_\_\_  
City of Wilmore Alcoholic Beverage Control Administrator

\_\_\_\_\_  
Date