



CITY OF COVINGTON

ALCOHOLIC BEVERAGE CONTROL

TEMPORARY LICENSE APPLICATION

Return with \$50.00 fee to: 20 W. Pike St., Covington, KY 41011

Today's Date: _____, 20____

Applicant Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Email: _____

- Period to be covered by license: from _____ / _____ through _____ / _____ (Not to exceed 30 days)
(Month) (Day) (Month) (Day)
- Address of premises to be licensed: _____
- Name of the special event: _____
- Federal EIN: _____ Covington Occupational License #: _____
- Check the type of temporary license for which the applicant is applying:
 Special Temporary License Special Temporary Alcoholic Beverage Auction License
- Please provide the following information for the business proprietor, partners, and all persons interested in the business to be licensed. If applicant is a corporation, list all owners, officers, directors, members, and shareholders that own more than 50%. You may include an attachment if additional space is needed.

NAME, ADDRESS, & PHONE NO. (Give name, home phone number, and complete home address)	Nature of interest in business or official position (Partner, Director, etc.)	U.S. Citizen (Y/N)	Date of Birth	Date residency established or incorporated in KY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- (Check answers to both questions) Have any of the persons named in item #6 had a license issued under any alcoholic beverage control law or ordinance suspended, revoked, or denied within the last two years?
At any time? YES NO
If answer to either question is yes, attach a statement giving full explanation of each such revocation. YES NO
- (Check answers to both questions) Have any persons named in item #6 EVER been convicted of a felony?
Been convicted of a misdemeanor directly or indirectly attributable to the use, manufacture, sale or traffic in alcoholic beverages within the last 2 years? YES NO
If any convictions have occurred at any time attach a statement giving a full explanation of each such conviction. YES NO
- Has the applicant been licensed for the sale of distilled spirits, wine, or beer anytime during the past 12 months? YES NO
If yes, give license number and licensee name: _____
- Is the applicant a corporation? YES NO
If yes, give state in which incorporated _____
If not incorporated in Kentucky, is the corporation authorized to do business in Kentucky? YES NO

9. Is the applicant a non-profit organization? YES NO
10. Is the applicant the owner of the premises to be licensed? YES NO
 If no, attach permission from the premises owner. ATTACHED
 If the owner is the City of Covington attach Special Event Permit ATTACHED
11. Kentucky law limits temporary license to public events, therefore, do you agree not to exclude the public from this event? YES NO
12. Is the applicant current on all City of Covington taxes, fees, loans, and other financial obligations? YES NO
13. Do you know that under Kentucky law you are responsible for the acts of employees on your licensed premises? YES NO
14. Will you, in good faith, abide by the laws of the United States; Commonwealth of Kentucky, and the ordinances of the City of Covington relating to the traffic in spirituous, vinous and malt liquors? YES NO

AFFIDAVIT

I, _____ of _____ do hereby solemnly swear or affirm that all statements made and information given in this renewal application are true and correct to the best of my knowledge, information and belief. I further acknowledge that I am familiar with all laws, rules, and regulations governing the business or event for which application is made, and that in the conduct of the business authorized by the license herein applied for, all such laws, rules and regulations will be strictly obeyed, and that I have also read KRS 243.490-500 and any applicable portion of the Covington Code of Ordinances, which articulate Kentucky and Covington law relative to causes for revocation or suspension of ABC licenses.

Applicant Signature: _____

COMMONWEALTH OF KENTUCKY :
 : SS
 COUNTY OF _____ :

On this ___ day of _____, 20___, before me personally appeared _____, to me known to be the person described herein, who executed the foregoing instrument, and he/she acknowledged that he/she voluntarily executed the same.

 Notary Public
 My Commission Expires _____

FOR OFFICIAL USE ONLY

Signature of Approval _____ Date _____
 (Covington ABC Administrator)