



# **CITY OF COVINGTON**

## **ALCOHOLIC BEVERAGE CONTROL LICENSE**

### **LOCAL ABC LICENSE PROCEDURES**

- Step 1.** Obtain State application from the Department of Alcoholic Beverage Control at [www.abc.ky.gov](http://www.abc.ky.gov) or by contacting their offices at 502.564.4850.
- Step 2.** Apply for Zoning Permit from the City of Covington Zoning Specialist Alex Koenig at City Hall at 20 W. Pike Street, Covington KY 41011, 859.292.2135 or [akoenig@covingtonky.gov](mailto:akoenig@covingtonky.gov).
- Step 3.** Apply for a City Occupational License by contacting the Finance Department on the First Floor of City Hall at 20 W. Pike Street, Covington KY 41011. Submit all completed applications with checks.
- Step 4.** Once a Zoning Permit and Occupational License have been obtained, complete the Covington Alcoholic Beverage Control Application.
- Step 5.** Contact the Covington A.B.C. Administrator Michael Bartlett at 859.292.2311 or [mbartlett@covingtonky.gov](mailto:mbartlett@covingtonky.gov) to schedule an appointment to review and submit your local A.B.C. application.
- Step 6.** Complete the appropriate State Alcoholic Beverage Control Application while the City of Covington application is under review.
- Step 7.** When the Covington background check is approved by the Covington Police Department, the City of Covington ABC Administrator will contact you to bring in your State Application for signature of local approval by the City's A.B.C. Administrator.
- Step 8.** Submit the appropriate State Alcoholic Beverage Control Application with local approval and with payment to the Kentucky Department of Alcoholic Beverage Control. Please note, you may submit your State application to the State ABC before obtaining the local approval, however, local approval is needed before licenses can be issued.
- Step 9.** When your State License is issued, a City License will be issued when a copy of your State License is provided to the Covington A.B.C. Administrator.



# CITY OF COVINGTON ALCOHOLIC BEVERAGE CONTROL LICENSE APPLICATION

Return to: 20 W. Pike St., Covington, KY 41011

Today's Date: \_\_\_\_\_, 20\_\_\_\_

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

- Amount of City of Covington (**non-refundable**) license fee, remitted herewith: \$ \_\_\_\_\_
- Period to be covered by license: from \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)
- Address of premises to be licensed: \_\_\_\_\_, Covington, Kentucky
- Federal EIN: \_\_\_\_\_ Covington Occupational 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 #5 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.
- (Check answers to both questions) Have any persons named in item #5 EVER been convicted of a felony? YES  NO   
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.
- Has an alcoholic beverage control license been suspended, revoked, or denied for the premises to be licensed? YES  NO   
If yes, attach a statement giving a full explanation.
- Has the premises been licensed for the sale of distilled spirits, wine, or beer anytime during the past 12 months? YES  NO   
Are the premises now licensed? 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

11. Is the applicant the owner of the premises to be licensed? YES  NO   
 If no, please give date lease expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 List the name of the owner of the premises real estate: \_\_\_\_\_  
 I hereby consent to the retail sale of alcoholic beverages as defined by law in my property at:  
 \_\_\_\_\_, Covington, Kentucky  
 Real Estate Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
12. Will any other business be conducted in conjunction with the business authorized by the license herein applied for? YES  NO   
 If answer is yes, describe the type of business: \_\_\_\_\_
13. Is the applicant current on all City of Covington taxes, fees, loans, and other financial obligations? YES  NO
14. Are premises to be licensed on same street as, and within 200 feet of the nearest school, hospital, church or other place of worship? YES  NO   
 If yes, give distance from the nearest outside wall of the building on the licensed premises to nearest outside wall of the church or school building: \_\_\_\_\_
15. Are you familiar with Kentucky Revised Statute 243.500, which prohibits gambling on licensed premises? YES  NO
16. Have you, or any individual in your employment, at any time in the past 2 years, been convicted of a gambling offense, or possessing gambling equipment? YES  NO
17. Do you know that under Kentucky law you are responsible for the acts of employees on your licensed premises? YES  NO
18. 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 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 \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>	
Signature of Approval _____	Date _____
(Covington ABC Administrator)	

<b>LICENSE TYPES</b>	<b>Licensing Fee Full Year (Nov. 1<sup>st</sup>)</b>
<b>RETAIL - QUOTA</b>	
<input type="checkbox"/> Quota Retail Package License	\$1,000
<input type="checkbox"/> Quota Retail Drink License	\$600
<b>RETAIL - NONQUOTA</b>	
<input type="checkbox"/> NQ Retail Malt Beverage Package License	\$200
<input type="checkbox"/> NQ-4 Retail Malt Beverage Drink License	\$200
<input type="checkbox"/> NQ-1 Retail Drink License <ul style="list-style-type: none"> <li><input type="checkbox"/> Convention Center</li> <li><input type="checkbox"/> Horse Track</li> <li><input type="checkbox"/> Automobile Race</li> <li><input type="checkbox"/> Track Air or Rail System</li> </ul>	\$600
<input type="checkbox"/> NQ-2 Retail Drink License <ul style="list-style-type: none"> <li><input type="checkbox"/> Restaurant – Minimum 50% of gross annual income from food sales.</li> <li><input type="checkbox"/> Motel/Hotel – Minimum 50 sleeping rooms and maintain a restaurant with 50% food sales</li> <li><input type="checkbox"/> Airport – Premises located in a commercial airport through which more than 500,000 passengers arrive or depart annually</li> <li><input type="checkbox"/> Riverboat – Capacity to carry more than 100 passengers and license from U.S. Coast Guard</li> <li><input type="checkbox"/> Distillery – Must be located in wet territory or distillery moist territory and all employees who will be involved in sales/service must be STAR trained within thirty (30) days of beginning employment.</li> </ul>	\$600
<input type="checkbox"/> NQ-3 Retail Drink License <ul style="list-style-type: none"> <li><input type="checkbox"/> Private Club – Nonprofit charitable, civic, social, fraternal organization, or political club which has maintained a room from which the general public has been excluded for at least one (1) year</li> <li><input type="checkbox"/> Dining Car – Railroad or Pullman car company that sells alcohol by package or drink on a train</li> </ul>	\$250
<input type="checkbox"/> Caterer's License	\$400
<input type="checkbox"/> Limited Restaurant License <ul style="list-style-type: none"> <li><input type="checkbox"/> LR100 – Minimum 70% food sales and minimum seating capacity of 100 persons at tables.</li> <li><input type="checkbox"/> LR50 – Minimum 70% food sales and minimum seating capacity of 50 persons at tables.</li> </ul>	\$600
<b>PRODUCER/SUPPLIER</b>	
<input type="checkbox"/> Distiller's License	\$500
<input type="checkbox"/> Rectifier's License	\$500
<input type="checkbox"/> Brewer's License	\$500
<input type="checkbox"/> Microbrewery License	\$500
<input type="checkbox"/> Malt Beverage Brew-on-Premises License	\$100
<b>DISTRIBUTION/WHOLESALE</b>	
<input type="checkbox"/> Wholesaler's License	\$2,000
<input type="checkbox"/> Malt Beverage Distributor's License	\$300
<b>STORAGE</b>	
<input type="checkbox"/> Bottling House or Bottling House Storage License	\$500
<b>SUPPLEMENTAL LICENSES</b>	
<input type="checkbox"/> Supplemental Bar License <ul style="list-style-type: none"> <li><input type="checkbox"/> Quota Liquor Drink Supplemental Bar</li> <li><input type="checkbox"/> NQ-2 Supplemental Bar</li> <li><input type="checkbox"/> NQ-3 Private Club Supplemental Bar</li> </ul> For how many Supplemental Licenses is the applicant applying?	
<input type="checkbox"/> Special Sunday Retail Drink License	\$250
<input type="checkbox"/> Extended Hours Supplemental License	\$400
<b>TEMPORARY LICENSES</b>	
<input type="checkbox"/> Special Temporary License	\$50 per event
<input type="checkbox"/> Special Temporary Distilled Spirits and Wine Auction License	\$50 per event
<b>SPECIALITY LICENSE</b>	
<input type="checkbox"/> Authorized Public Consumption License	\$250



**CITY OF COVINGTON**  
**ALCOHOLIC BEVERAGE CONTROL LICENSE**  
**POLICE DEPARTMENT BACKGROUND CHECK FORM**

20 W. Pike St., Covington, KY 41011 Phone: 859-292-2311 Fax: 859-292-2310

**LLC:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**BUSINESS:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**PRINCIPALS:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State of Operator License: \_\_\_\_\_ Operator License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State of Operator License: \_\_\_\_\_ Operator License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State of Operator License: \_\_\_\_\_ Operator License Number: \_\_\_\_\_