CITY OF HICKMAN, KENTUCKY

Application for Alcohol License

Alcoholic Beverage Licensing | City Clerk/ABC Officer

City Hall | 1812 South 7th Street | Hickman, KY 42050 | (270) 236-2535

How to apply

Complete pages 2-5 and the applicable supplements. Use N/A where appropriate and attach additional signed sheets when needed. Turn in this application and all required attachments to the City Clerk/ABC Officer at City Hall. Retain a copy.

Apply separately for the required Kentucky ABC license through the state licensing portal. A city application does not replace the state application or authorize alcohol sales. Obtain all required approvals before operating.

License requested - select all that apply

- ☐ Quota retail drink - annual city license fee: $630
- ☐ Nonquota type 4 (NQ4) retail malt beverage drink - $200*
- ☐ Nonquota type 2 (NQ2) retail drink - $210
- ☐ Nonquota retail malt beverage package - $200*
- ☐ Quota retail package - $1,000

Other / supplemental license requested (administrator determines fee)

*KRS 243.070(4) provides a $50 fee to add the companion malt beverage drink or package license when holding the other. City staff must verify the applicable amount.

A $50 nonrefundable application fee is credited to the initial license fee. A $500 bond is required. The City Clerk/ABC Officer will determine the total amount due for the license requested.

License period and amount due - city staff to complete

City license renewal is due on the expiration date of the corresponding Kentucky state alcohol license. Staff must verify the state expiration date for each license being renewed.

Effective: _____ State license expiration / renewal due: _____

License fee: $_____ Filing-fee credit: $_____ Balance: $_____ Bond: $_____

Applicant and Business Information

Application type: new / renewal / ownership change / premises change / other

Legal applicant name (individual or entity)

Business / trade name (DBA)

Entity type and state of organization; Kentucky organization number, if applicable

Licensed premises street address, city, state and ZIP

Mailing address, if different

Contact person and title / authority to act for applicant

Business telephone and email

Current city license number(s) and Kentucky ABC license / application number(s)

Proposed opening date; business description and requested sales activities

For an entity, attach an ownership list identifying each principal owner, partner, member, officer and director, with address, role and ownership percentage. Complete page 3 for each person whose information is required.

Individual and Ownership Information

Copy this page for each applicable individual. Attach an organization chart for indirect ownership.

Full legal name (last, first, middle) and role in applicant business

Residence address, city, state and ZIP

Telephone / email

Date of birth / age / citizenship (U.S. citizen: yes or no; other citizenship if applicable)

Kentucky resident: yes / no; date established. Hickman resident: yes / no; date established

Direct and indirect ownership percentage; describe financial or profit/loss interest

Other alcohol licenses / interests in Kentucky or elsewhere: entity, location, license and interest

Social Security number - submit only through the administrator-approved secure process

Personal identifiers may be required by the state application. Confirm the city collection and handling process before submitting them. Do not place Social Security numbers in publication notices.

Premises ownership and control

Building owner name and mailing address; applicant owns / leases / other right to occupy

Drive-up / drive-through proposed: yes / no. Describe layout and proposed use

Disclosures and Applicant Affidavit

Answer for the applicant and each applicable owner, partner, member, officer or director. For each yes answer, attach names, dates, jurisdiction, disposition and supporting records. A disclosure requires review; it is not an automatic decision on eligibility.

1. Prior Hickman alcohol application? Yes / No. Give date, type and outcome

2. Criminal conviction other than minor traffic violations? Yes / No. Attach details

3. Alcohol license refused, suspended, revoked or surrendered during a proceeding? Yes / No

4. False information previously provided to Kentucky ABC? Yes / No. Explain

5. Other undisclosed persons sharing business profits, losses or control? Yes / No. Explain

Eligibility and certification

KRS 243.100 sets an individual minimum age of 21 and includes a five-year felony disqualification measured from the latest specified conviction, custody, parole or probation event, and two-year disqualifications for specified misdemeanors, revocations and violations. Entity eligibility also depends on the relevant individuals. Exceptions and the full statute control.

Under oath, I certify that the information in this packet and its attachments is true and complete to the best of my knowledge. I am authorized to apply for the named applicant. I will comply in good faith with applicable state and local alcohol laws and provide any further information required for review. I understand that false statements may carry legal penalties.

Signature: _____ Date: _____

Printed name and title: _____

Notarial acknowledgment / jurat

Commonwealth of Kentucky, County of _____

Subscribed and sworn to before me by _____

on _____, 20____.

Notary Public: _____ Commission no.: _____

My commission expires: _____ [Notary seal]

Attachments and City Review

Submission checklist

Mark submitted, N/A or pending on an attached checklist if an item does not apply. The administrator determines the documents required for the particular license.

- [ ] Completed application, individual pages and signed affidavit.
- [ ] Ownership list and applicable entity / authority-to-sign documents.
- [ ] Criminal background check(s) for persons identified by the administrator.
- [ ] State ABC application / license record and relevant supporting materials.
- [ ] Publication notice and evidence of publication, or applicable exemption.
- [ ] Premises description / diagram and ownership or occupancy documentation for review.
- [ ] Required inspections and zoning / building approvals, as applicable.
- [ ] Required license payment, application fee credit record and bond documentation.
- [ ] Written explanations and records for all yes answers on page 4.
- [ ] Server / employee training records or Form D-7, when applicable.

Publication

Unless exempt under KRS 243.360, advertise before applying in the newspaper authorized for legal notices for the relevant jurisdiction; online or print publication is permitted. Include the applicant and required entity-person names and addresses, premises, business and license types, filing date and statutory protest statement. Use the current state notice instructions.

For city use only

Received: _____ By: _____ Receipt / payment: _____

Bond: _____ Background review: _____ Publication: _____

Inspections: _____ State approval: _____

Action / conditions: _____

Administrator: _____ Date: _____

Form D-5 | Change in Business Interest

Use for a verified notice of changed application information. A notice alone does not approve a transfer or other activity requiring prior approval.

Licensee legal name and business / trade name

City and state license numbers

Licensed premises address

Contact name, address, telephone and email

Date of change and date reported

Describe the change; identify previous and new owners, percentages, officers or other facts

Related state filing / approval number and supporting attachments

I swear or affirm that this notice and the attachments accurately describe the change and that I am authorized to submit this notice for the licensee.

Signature: _____ Date: _____

Printed name and title: _____

Notarial acknowledgment / jurat

Commonwealth of Kentucky, County of _____

Subscribed and sworn to before me by _____

on _____, 20____.

Notary Public: _____ Commission no.: _____

My commission expires: _____ [Notary seal]

CITY OF HICKMAN, KENTUCKY

Form D-7 | Employee and Training Record

Alcoholic Beverage Licensing | City Clerk/ABC Officer

Business name, licensed premises and license number(s)

Employee full legal name and residence address

Date of birth; employment start date; position and duties

Employer certification - check applicable statements

- ☐ The employee meets applicable employment eligibility requirements under KRS 244.090.
- ☐ Employee is age 20 or older.
- ☐ Employee is age 18 or 19; supervised by a person age 20 or older and assigned no bartending duties.
- ☐ City-approved responsible beverage service training certificate is attached.

If age 18 or 19: supervising person name, age and supervision arrangement

Training program, provider, completion date, certificate number and renewal date

State law generally bars specified recent felony convictions, repeated alcohol-related misdemeanor convictions and license revocations; duties-based exceptions apply. Verify the full KRS 244.090 before assigning duties.

City training: complete within 30 days of becoming subject to the requirement; new-business employees train before opening. Recertify at least every three years and keep a currently certified person on duty whenever alcohol is served. The program must be city-approved; STAR is one available program.

I certify that I reviewed the employee eligibility and training information and that the statements checked above are true.

Signature: _____ Date: _____

Printed name and title: _____

Notarial acknowledgment / jurat

Commonwealth of Kentucky, County of _____

Subscribed and sworn to before me by _____

on _____, 20____.

Notary Public: _____ Commission no.: _____

My commission expires: _____ [Notary seal]