



NEWPORT

KENTUCKY

City of Newport
License Division
998 Monmouth Street
Newport, KY 41071

www.newportky.gov

LicenseQuestions@Newportky.gov

APPLICATION FOR ALCOHOL BEVERAGE LICENSES - CN-3

1. **APPLICATION:** New License or Transfer from _____
(License Holder)

2. **TYPES OF LICENSE(S):**

- | | |
|--|--|
| <input type="checkbox"/> NQ-2 Non-Quota Retail Drink (\$1,000) | <input type="checkbox"/> Quota Retail Drink (\$1,000) |
| <input type="checkbox"/> NQ-3 Non-Quota Retail Drink (\$300) | <input type="checkbox"/> Quota Retail Package (\$1,000) |
| <input type="checkbox"/> NQ-4 Non-Quota Retail Malt Beverage Drink (\$200) | <input type="checkbox"/> Supplemental Bar (\$1,000 each, up to 5) |
| <input type="checkbox"/> NQ Non-Quota Retail Malt Beverage Package (\$200) | <input type="checkbox"/> Special Sunday Retail Drink (\$300) |
| <input type="checkbox"/> Secondary NQ/NQ-4 Malt Beverage (\$50) | <input type="checkbox"/> Special Temporary No. ____ (\$150) (\$50 for each additional) |
| <input type="checkbox"/> Limited Restaurant Drink (LR50/LR100) (\$1,200) | <input type="checkbox"/> Special Temporary Alcoholic Beverage Auction License |
| <input type="checkbox"/> Microbrewery (\$500) | <input type="checkbox"/> Extended Hours (\$3000) |
| <input type="checkbox"/> Caterer (\$800) | <input type="checkbox"/> Other _____ |

3. **APPLICANT INFORMATION:**

Name of Applicant _____

Corporation or Trade Name /DBA _____

Addresses:

Newport Location _____

Mailings Address (If different from Newport location):

Street _____ City _____ St _____ Zip _____

Date Business (or Event) is intended to start _____

4. **TYPE OF OWNERSHIP:** Corporation Sole Owner Partnership LLC Non-Profit

BUSINESS INFORMATION: (if applicable)

- Corporate Name _____ Date of Incorporation _____
- State of Incorporation _____
- If a foreign corporation, is corporate entity registered in KY? YES / NO
- Is corporate entity in good standing? YES / NO
- Give the following information for the business proprietor, partner(s), stockholder(s) and all persons otherwise

Interested or who may become interested in the business to be licensed, and officers, directors and resident manager if the business is incorporated:

Name & Complete Home Address *	Phone No. #	Nature of Interest in Business or Official Position (Business Proprietor, Partner, Director, etc.)	Citizen of the U.S.? (Yes or No)	Date of Birth			Date of Residency in KY? (If KY resident)		
				M	D	Y	M	D	Y

*NOTE: If the space provided is not adequate, complete on an attached schedule.

5. ACCOUNTING PERIOD: Calendar or Fiscal Year [M/D] (___ / ___ To ___ / ___)

6. IDENTIFICATION NUMBER(S): (Enter any of the following I.D. number(s) which apply to your company.)

FEDERAL EMPLOYER ID NUMBER (FED. INCOME TAX PURPOSES):	
KENTUCKY ACCOUNT NUMBER (KY INCOME PURPOSES):	
KENTUCKY EMPLOYER ID NUMBER (KY WITHHOLDING PURPOSES):	
KENTUCKY SALES TAX NUMBER (KY SALES TAX PRUPOSES):	
SOCIAL SECURITY NUMBER (IF A SOLE-PROPRIETORSHIP):	

- 7. Have any of the person(s) named in statement # 4 had a license issued under any alcoholic beverage law revoked at anytime? YES / NO (If YES, attach a statement giving a full explanation of each such revocation.)
- 8. Have any of the person(s) named in statement # 4 been convicted of a felony or any misdemeanor concerning the manufacture, sale or transportation of alcoholic beverages or directly or indirectly attributable to the use of intoxicating liquors at any time? YES / NO (If YES, attach a statement giving a full explanation of each such conviction.)
- 9. Has any relative either by blood or marriage had an alcohol license revoked? YES / NO / UNKNOWN (If YES, attach a statement giving full details.)
- 10. Is the applicant the owner of the premises to be licensed? YES (If YES, you must attach a copy of your deed.) / NO (If NO, you must attach a copy of your lease covering the full license period for the premises that will be licensed.
Date lease expires: (___ / ___ / ___)
- 11. Have the premises been licensed for the sale of distilled spirits and wine at retail at anytime during the past twelve months? YES / NO / UNKNOWN (If YES, attach a statement giving full details.)
- 12. Has an alcoholic beverage license been revoked for these premises? YES / NO / UNKNOWN (If YES, attach a statement giving full details.)
- 13. Is the entire license fee paid by the applicant and by no other persons or entity? YES / NO

14. EMPLOYMENT OF ENTERTAINERS:

Will you be employing entertainers on a contract basis? YES / NO

If so, all persons employed as entertainers on a contract basis must pay the city's occupational license fee. Owners employing entertainers have two options for payment: (A signed written agreement or email indicating the owner's option is REQUIRED.)

- The owner may require that each entertainer obtain their own occupational license. (Form CN-2)
- The owner may agree to withhold 2 ½ % of the total contract and pay this amount to the city on a quarterly basis. (CN-1)

15. EXTENDED HOURS LICENSE:

Are you applying for an Extended Hours License which allows operation until 2:30am? YES / NO

16. IMPORTANT ITEMS:

- Answer each question fully on the form.
- If this is a license transfer, attach all documents pertaining to this transaction (Q: #1).
- Carefully read Affidavit, sign and notarize.
- Attach a copy of the property deed or lease agreement (Q: #10).
- Attach Articles of Incorporation or Organization in good standing with the KY Secretary of State. www.sos.ky.gov
- Attach IRS designation letter if a non-profit (#4).
- Attach a copy of background checks (Follow State of KY ABC background check guidelines).
- Attach a copy of State of KY ABC application with ALL attachments. www.abc.ky.gov
- Attach a form of payment for all license fees due (Make payable to: City of Newport).
- Attach the CN-2 Application for Occupational License and payment.
- Any outstanding taxes or fees of any nature have to be paid in full before an application can be processed.
- All owners and/or employees selling alcohol by the drink are required to obtain a bar ID from the Newport Police Department 859-292-3634.
- Attach a floor plan of the licensed premise.
- Send all questions or concerns to LicenseQuestions@Newportky.Gov

AFFIDAVIT

I, _____, _____, of _____
(Name of person signing affidavit) (Title or position) (Corporation or Company)

do hereby solemnly swear or affirm that all statements made and information given in this application, accompanying documents and other materials are true and correct to the best of my knowledge, information and belief, and 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 am aware of the alcoholic beverage control laws and regulations relative to causes for revocation or suspension of licenses.

Signature: _____

Commonwealth of Kentucky

County of _____

Subscribed and sworn to me this _____ day of _____, 20 _____.

My Commission expires _____

_____, Notary Public

This application is approved by the following departments:

*The applicant is applying for an Extended Hours License. (Q: #15) YES / NO

X _____ Approved / Denied
Chief of Police

X _____ Approved / Denied
Zoning Administrator

X _____ Date _____ Approved / Denied
ABC Administrator

Comments: _____

