



NEWPORT

KENTUCKY

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

www.newportky.gov

LicenseQuestions@Newportky.gov

SPECIAL TEMPORARY LICENSE APPLICATION CN3-STL

TYPES OF LICENSE(S):

Special Temporary No. ___ (\$150) (\$50 for each additional) Total Fee Due: \$ _____

Special Temporary Alcoholic Beverage Auction License (\$100)

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(s) and times of Event to be licensed _____

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

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): _____

SOCIAL SECURITY NUMBER (IF A SOLE-PROPRIETORSHIP): _____

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.)

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.)

Has any relative either by blood or marriage had an alcohol license revoked? YES / NO / UNKNOWN
(If YES, attach a statement giving full details.)

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.)

IMPORTANT ITEMS:

- Answer each question fully on the form.
- Carefully read Affidavit, sign and notarize.
- Attach a copy of the property deed or permission letter (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).
- Any outstanding taxes or fees of any nature have to be paid in full before an application can be processed.
- 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

X _____ Date _____ Approved / Denied

ABC Administrator

Comments: _____
