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SUPPLEMENTAL LICENSE APPLICATION
Special Sunday & Supplemental Bar

City of Calvert City, Kentucky
ALCOHOL BEVERAGE CONTROL
861 E. 5TH Avenue
P.O. Box 36
Calvert City, KY 42029
270-395-7138 Bus
270-395-5554 Fax

SECTION ONE

1. Applicant's Name: _____
(Owner and or Operator name)

d/b/a: _____

Premises address to be licensed: Street: _____

City: _____ Zip: _____

Mailing Address (if different from above): Street _____ Suite _____

P.O. Box _____ City _____ State _____ Zip _____

Contact Person _____ e-mail _____

Phone _____ Fax _____ Bus. Phone _____

List current Calvert City ABC License Number(s) for premises

_____, # _____, # _____, # _____

SECTION TWO

LICENSE TYPE		Licensing Fee Full Year	Licensing Fee Half Year	Number of Supplemental Licenses
<input type="checkbox"/>	Special Sunday Retail Drink License (Available to holders of NQ-1, NQ-2, NQ-3, Limited Restaurant, Limited Golf Course, or Caterer's License)	300.00	150.00	
<input type="checkbox"/>	Supplemental Bar License (Fees only apply to first five (5) supplemental licenses)			
<input type="checkbox"/>	NQ-2 Retail Drink Supplemental Bar	1000.00	500.00	
<input type="checkbox"/>	Limited Restaurant Supplemental Bar	1200.00	600.00	
<input type="checkbox"/>	Limited Golf Course Supplemental Bar	1200.00	600.00	
<input type="checkbox"/>	NQ-3 Retail Drink Supplemental Bar	300.00	150.00	
<input type="checkbox"/>	Application Fee (one (1) per application)	50.00	50.00	
Total fees due				

SECTION TWO

I, _____, do hereby solemnly swear or affirm that I am aware that my state application is incorporated and made a part of this application, and that the answers contained therein plus the questions responded to above are true and correct to the best of my knowledge, information and belief. I further understand that Section 8(B) of Ordinance No. 2015-11 (as amended from time to time) of the City of Calvert City, Kentucky, authorizes the City Alcoholic Beverage Control Administrator or Assistant Alcohol Beverage control administrator, along with any authorized law enforcement officer, to inspect any licensed premises and otherwise enforce the provisions of the Ordinance and law of the Commonwealth, and I expressly consent to such inspections and enforcement. I further understand that any license(s) issued pursuant to this application do not constitute a property or vested right and I understand that such license(s) may be suspended or revoked at any time pursuant to law.

Signature of Applicant: _____ **Title:** _____ **Date:** _____



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For Official Use Only
(Do not write in this space)

License # _____ \$ _____ License # _____ \$ _____

License # _____ \$ _____ License # _____ \$ _____

License # _____ \$ _____ License # _____ \$ _____

Approved: YES NO _____ Date: _____

Calvert City Alcoholic Beverage Control Administrator

Reason for Denial: _____
