



City of Coal Run Village Application for ABC License

FOOD RELATED LICENSE

License Number _____ \$ _____ Validating Number _____ **LEAVE BLANK – FOR ABC USE ONLY** License Number _____ \$ _____ Validating Number _____
City Administrator's Approval _____ Date _____

(A).

Applicant's name(s) or company to be licensed _____

D.B.A. (Name of Business) _____

Address of premises to be licensed _____

(B).

1. You are applying for an **"LR50" Restaurant Liquor, Wine, and Beer by the Drink License**.

Do you meet the qualifications of KRS 242.1244(1)(a); KRS.034 by being a restaurant that receives at least 70% of your gross annual income from the sale of food and have a minimum seating capacity of 50 persons at tables? Yes No

2. Have you attached a copy of your Certificate of Occupancy?..... Yes No

(C).

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my ABC basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, and use of and trafficking in alcoholic beverages.

Signature of Applicant _____ Title _____ Date _____

(D).

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC. Take or mail this application, the ABC Basic application, City fees, and all attachments to ABC Administrator, City of Coal Run Village, 105 Church Street, Pikeville, KY 41501. This certifies that the applicant(s) herein above named have been approved for the types of licenses applied for and for the Premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ **DATE** _____

City of Coal Run Village Administrator

You may now forward this application, the ABC Basic application, all attachments, and your state license fee to:

Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, KY 40601-8400