



Office of Alcoholic Beverage Control

Jordan Crabtree, ABC Administrator

120 S Main Street

Monticello, KY 42633

O: 606.348.0167

M: 606.575.0350

E: admin@monticelloky.gov

Application Instructions

- Fill out each section of both the state and local application
- Fill out one application for **each** license
- All documents required for a state license should accompany this license including but not limited to: proof of residency and citizenship, newspaper affidavit, organizational papers (if LLC, partnership or corporation), current deed and/or lease of property to be licensed, KY sales tax and Federal tax numbers, and business statement
- \$50 of the total application fee will be non-refundable. We will not accept cash or cards of any kind.
- An employee or owner who will be accountable for the sale of alcohol must present the application to the local ABC office in person and a notary will be supplied. Do not sign the affidavit of Applicant until presented to the local ABC office.
- A business that sells gasoline or does maintenance on motor vehicles must validate that they maintain a \$5,000 inventory of groceries on site.
- Applications will be accepted by appointment only. Please email (preferred) or call to schedule.
- Contact for verifications
 - Fire Chief: Gabe Heatherly 606.348.5552
 - City Clerk: Chris Dykstra 606.348.0071
 - ABC Administrator: Jordan Crabtree 606.348.0167
 - Wayne County Health Department: 606.348.9349
 - Building Inspector: Wes Finley 606.416.4182



Basic Application

Jordan Crabtree, ABC Administrator

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Applicant Name: _____ **Federal EIN #:** _____

If incorporated, provide name and state of incorporation: _____

DBA Names (if any): _____

Premise Address: _____

Mailing/Registered Agent Address: _____

Owner: _____ **Contact Person:** _____

Location Phone Number: _____ **Contact Phone:** _____

Email Address: _____



Types of Licenses and License Fees:

Please mark the appropriate line for each type of license(s) to which you wish to apply.

Note: The City uses the same time periods as the KY ABC Office when determining whether a license fee shall be for a “year” term, or only a “half year” term. This determination is made depending on which month you apply for a license(s). Please check with the local ABC Administrator to determine whether you will be required to pay the full or an adjusted half-year fee. All fees listed below are Full Year fees.

1. Distilled Spirits and Wine License Fees

<input type="checkbox"/> Distiller’s license, per annum	\$500.00
<input type="checkbox"/> Rectifier’s license, per annum (Class A)	\$3,000.00
<input type="checkbox"/> Rectifier’s License, per annum (Class B – Craft rectifier)	\$960.00
<input type="checkbox"/> Wholesaler’s License, per annum	\$3,000.00
<input type="checkbox"/> Quota Retail Package License, per annum	\$1,000.00
<input type="checkbox"/> Quota Retail Drink License, per annum	\$1,000.00
<input type="checkbox"/> Non-quota Type 1 Retail Drink License, per annum	\$2,000.00
<input type="checkbox"/> Non-quota Type 2 Retail Drink License, per annum	\$1,000.00
<input type="checkbox"/> Non-quota Type 3 Retail Drink License, per annum	\$300.00
<input type="checkbox"/> Special Temporary License, per event	\$166.00
<input type="checkbox"/> Special Temporary Alcohol Auction License, per event	\$100.00
<input type="checkbox"/> Special Sunday Retail Drink License, per annum	\$300.00
<input type="checkbox"/> Extended Hours Supplement License, per annum	\$2,000.00
<input type="checkbox"/> Caterer’s License, per annum	\$800.00
<input type="checkbox"/> Bottling House or Bottling House Storage License, per annum	\$1,000.00
<input type="checkbox"/> Brewer’s License, per annum	\$500.00
<input type="checkbox"/> Microbrewery License, per annum	\$500.00
<input type="checkbox"/> Malt Beverage Distributor’s License, per annum	\$400.00
<input type="checkbox"/> Non-quota Retail Malt Beverage Package License, per annum	\$200.00
<input type="checkbox"/> Non-quota Type 4 Retail Malt Beverage Drink License, per annum	\$200.00
<input type="checkbox"/> Limited Restaurant License, per annum	\$1,200.00
<input type="checkbox"/> Limited Golf Course License, per annum	\$1,200.00
<input type="checkbox"/> Qualified Historic Site, per annum	\$1,030.00
<input type="checkbox"/> Authorized Public Consumption License, per annum	\$250.00

Total License Fee(s) Due:

Note: A certified check, cashier’s check or money order made payable to CITY OF MONTICELLO must be provided with this application before any processing or review will begin.



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Affidavit of Applicant:

I, _____, the named individual, authorized agent, or corporate officer with authority to sign on behalf of the corporation as listed in Section I of this application, do hereby solemnly affirm that I am aware that my Kentucky State ABC application(s) is or will be incorporated and made part of this application in full by reference herein, and that the answers contained in said application(s), as well as in this City Application, are true and correct to the best of my knowledge, information, and belief, and that this City Application will also be provided to the Kentucky ABC.

I further confirm that upon signing below, a copy of the City of Monticello Alcoholic Beverage Control Ordinance No. 837 has been provided to be in electronic form or print.

I further confirm that I will not allow anyone to erect a sign or banner on the licensed property or building that advertises any specific brand of alcoholic beverage.

I further confirm that I will require proper identification in order to purchase alcoholic beverages.

And finally, that I hereby consent to the authority of the local Alcoholic Beverage Control Administrator, and any other delegated and authorized agent of the City of Monticello, including the Monticello Police Department, for entry upon the subject premise(s) for the purposes including, but not limited to, the following:

- a. Inspections and searches of the licensed premise(s) for which this application applies.
- b. Confiscation of articles found on said licensed premise(s) which violate(s) any local ordinance, or state statute; and
- c. Emergency and/or temporary closure of the licensed premise(s) if there is reasonable suspicion by the City, or any agent thereof, that the public health, safety, morals, and welfare of the citizens is threatened due to multiple violations of any Ordinance or State Statute, including but not limited to, laws/regulations regarding disturbance of the peace and public disorder, which the City, or any agent thereof believes to have occurred during any one date period of operation of the licensed premise(s).



Date: _____

Signature of Applicant: _____

COMMONWEALTH OF KENTUCKY

STATE AT LARAGE

COUNTY OF _____

This is to certify that the foregoing document was subscribed and sworn to before me this _____
day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

Internal Use Only:

Approval: _____

Jordan Crabtree, City of Monticello ABC, Administrator

Date



Verification of Food Service Compliance

Applicant Name: _____

DBA Names (if any): _____

Premise Address: _____

Mailing/Registered Agent Address: _____

Owner: _____ **Contact Person:** _____

Location Phone Number: _____ **Contact Phone:** _____

Email Address: _____

List ALL licenses that you are applying for: _____

The remainder of this form must be completed by the Wayne County Health Department, 39 Jim Hill Service Road Monticello, KY 42633 Phone: 606.348.9349, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above have obtained all necessary food service permits in order to comply with the Kentucky Food Service Code. Please any conditions (if applicable):

****Establishment will be required to comply with applicable Kentucky Food Service Establishment Act and State Retail Food Code requirements prior to commencing operation.**

Signed this _____ day of _____, 20_____

Wayne County Health Department Representative



Verification of Fire Code Compliance

Applicant Name: _____

DBA Names (if any): _____

Premise Address: _____

Mailing/Registered Agent Address: _____

Owner: _____ Contact Person: _____

Location Phone Number: _____ Contact Phone: _____

Email Address: _____

List ALL licenses that you are applying for: _____

The remainder of this form must be completed by the City of Monticello Fire Chief, Gabe Heatherly, 795 N. Main Street Monticello, KY 42633 Phone: 606.348.5552, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above meets the current, city adopted Fire and Life Safety Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Monticello, Kentucky. Please note any conditions:

****Seating Requirement, if applicable:** _____

Signed this _____ day of _____, 20_____

Gabe Heatherly, Monticello Fire Department, Chief



Verification of Building Code Compliance

Applicant Name: _____

DBA Names (if any): _____

Premise Address: _____

Mailing/Registered Agent Address: _____

Owner: _____ **Contact Person:** _____

Location Phone Number: _____ **Contact Phone:** _____

Email Address: _____

List ALL licenses that you are applying for: _____

***The remainder of this form must be completed by the City/County Building Inspector, Wes Finley,
Phone: 606.416.4182, before submitting your application for an Alcoholic Beverage License.***

Address of premises to be licensed: _____

This is to certify that the premises listed above meets all Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of Monticello, Kentucky. Please note any conditions:

Signed this _____ **day of** _____, 20_____

Wes Finley, City/County Building Inspector



Verification of City Tax Compliance

Applicant Name: _____

DBA Names (if any): _____

Premise Address: _____

Mailing/Registered Agent Address: _____

Owner: _____ **Contact Person:** _____

Location Phone Number: _____ **Contact Phone:** _____

Email Address: _____

List ALL licenses that you are applying for: _____

The remainder of this form must be completed by the City Clerk, before submitting your application to the City Office of Alcoholic Beverage Control.

This is the affirm to the best of my knowledge, and in my official capacity as Monticello City Clerk that the above applicant and/or subject premises is current on all city taxes owed personally and all businesses I am associated with in whole or by partnership as well as has obtained all property business licenses from the City of Monticello.

Signed this _____ day of _____, 20_____

Chris Dykstra, City of Monticello Clerk/Treasurer



Application Checklist

- ☐ **Include a copy of State Basic License Application**
- ☐ **Sign application**
- ☐ **Cashier's check, money order or certified check for application fees due**
- ☐ **Food Service Compliance Form Completed**
- ☐ **Fire Safety Compliance Form Completed**
- ☐ **Building Code Compliance Form Completed**
- ☐ **Tax Compliance Form Completed**
- ☐ **Copy of Certified Alcohol Service Training Form is included with application**
- ☐ **Copy of State License included with application**
- ☐ **Provide Proof of Residency/Citizenship**