

# APPLICATION INSTRUCTIONS



H.M. Bottom, Administrator

P.O. Box 981, Jamestown, KY 42629

Office: 270/343-1408 Cell: 270/585-1416

Fax: 270/343-2708

Email: [rcabc@duo-county.com](mailto:rcabc@duo-county.com)

Web Site: [www.rckygov.com](http://www.rckygov.com)

- This application is for businesses located outside the city limits of Russell Springs.
- Please fill out each section of both state and local applications. State applications can be obtained from [www.abc.ky.gov](http://www.abc.ky.gov).
- All documentation required by the state license should accompany the applications.
- You will need 2 separate forms of payment. One is for the state license fee, see state application for fee amount. The state license fee should be in the form of a certified check, cashier's check or money order payable to Kentucky State Treasurer. You can also pay the state license fee by credit card, see remittance form with the state application packet. The other payment is for the local license and application fees, see county application for the amount. The local license fee should be in the form of a check, certified check, cashier's check or money order payable to Russell County ABC. No cash or credit cards accepted.
- 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 call 270/343-1408 to schedule.
- The person submitting the application must present their driver's license if they are not a United States Citizen.

# RUSSELL COUNTY ALCOHOL BEVERAGE CONTROL BASIC APPLICATION FORM

410 Monument Square, P.O. Box 981

Jamestown, KY 42629

Phone: (270) 343-1408 Fax: (270) 343-2708

Website: [www.rckygov.com](http://www.rckygov.com)

H.M. Bottom, ABC Administrator [rcabc@duo-county.com](mailto:rcabc@duo-county.com)

## SECTION A:

Name of Applicant: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Premises Phone No.:(\_\_\_\_\_) \_\_\_\_\_ Contact Phone No.:(\_\_\_\_\_) \_\_\_\_\_

Fax No.:(\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

SEC B		
Check the license type(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type(s) are met.		
LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<b>RETAIL - QUOTA</b>		
<input type="checkbox"/> <b>Quota Retail Package License</b>	<b>\$1,000</b>	<b>\$500</b>
<input type="checkbox"/> <b>Quota Retail Drink License</b>	<b>\$1,000</b>	<b>\$500</b>
<b>RETAIL - NONQUOTA</b>		
<input type="checkbox"/> <b>NQ Retail Malt Beverage Package License</b>	<b>\$400</b>	<b>\$200</b>
	If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$450: \$400 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Beverage License.	
<input type="checkbox"/> <b>NQ-4 Retail Malt Beverage Drink License</b>	<b>\$400</b>	<b>\$200</b>
	If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$450: \$400 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Beverage License.	

LICENSE TYPES	Licensing Fee	Licensing Fee
<input type="checkbox"/> <b><u>NQ-2 Retail Drink License</u></b>  Specify the business type:  <input type="checkbox"/> Restaurant – Minimum 50% of gross annual income from food sales and minimum seating capacity of 50 persons at tables  <input type="checkbox"/> Motel/Hotel – Minimum 50 sleeping rooms, 25,000 square feet of parking, and maintain a restaurant with 50% food sales and minimum seating capacity of 50 people at tables	\$1,000	\$500
<input type="checkbox"/> <b><u>NQ-3 Retail Drink License</u></b>  Specify the business type:  <input type="checkbox"/> Private Club – Nonprofit charitable, civic, social, fraternal organization, or political club which has maintained a room from which the general public has been excluded for at least one (1) year	\$300	\$150
<input type="checkbox"/> <b><u>Limited Restaurant License</u></b>  <input type="checkbox"/> LR100 – Minimum 70% food sales and minimum seating capacity of 100 persons at tables	\$1,400	\$700
<input type="checkbox"/> <b><u>Limited Golf Course License</u></b> (KRS 243.038, KRS 243.039) Nine (9) or eighteen (18) hole USGA regulation golf course	\$1,400	\$700
<input type="checkbox"/> <b><u>Special Sunday Retail Drink License</u></b>	\$300	\$150
<input type="checkbox"/> <b><u>Special Temporary License, per event</u></b>	\$166.66	NA

Fee Enclosed \$ \_\_\_\_\_

Attach a check, certified check, cashier's check or money order payable to Russell County ABC for the license fee above plus \$50 application fee.

**SECTION C:**

Affidavit

I, \_\_\_\_\_ do hereby solemnly swear or affirm that **I am aware that my State application is incorporated, made a part of this application, and must be included with this application**, and that the answers contained are true and correct to the best of my knowledge, information and belief. I confirm that I have received a copy of the current Alcoholic Beverage Control Ordinance of Russell County, Kentucky , located at [www.rcky.gov.com](http://www.rcky.gov.com), and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/hers investigators for: (a) inspections and searches of the licensed premises listed above: (b) confiscation of articles found on said licensed premises in violation of any Ordinance or Statute; and (c) emergency temporary closure of the licensed premises if the public health, safety, morals and welfare is threatened by multiple violations of any Ordinance or Statute involving disturbance of the peace or public disorder during the course of one day's operation of the licensed premises.

Date of Application: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Approved: \_\_\_\_\_

Alcoholic Beverage Control Administrator

Date

# Russell County

Office of Alcohol Beverage Control  
H.M. Bottom, Administrator  
P.O. Box 981, Jamestown, KY 42629  
Office: 270/343-1408 Fax: 270/343-2708

## Verification of Property Tax Compliance

**You will need to present a copy of your deed, lease or land contract to the PVA & Clerk's offices to get this form completed.**

Name of Land Owner: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
D/B/A: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Premise Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Contact Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_  
List all types of licenses you are applying for: \_\_\_\_\_  
\_\_\_\_\_

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The remainder of this form must be completed by the Russell County PVA Office and Russell County Clerk's Office, Russell County Courthouse, Monument Square, Jamestown Kentucky before submitting your application for an Alcoholic Beverage License.

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### PVA:

Map# for above property: \_\_\_\_\_

Parcel#: \_\_\_\_\_

### Russell County Clerk's Office:

This is to affirm to the best of my knowledge that the above applicant and/or the subject premises is current on all prior year property taxes owed.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Authorized Agent of the Russell County Clerk's Office

**Russell County**  
**Office of Alcohol Beverage Control**

**H.M. Bottom, Administrator**  
**P.O. Box 981, Jamestown, KY 42629**  
**Office: 270/343-1408 Fax: 270/343-2708**

**Verification of Occupational Tax Compliance**

Name of Applicant: \_\_\_\_\_

D/B/A: \_\_\_\_\_

FEIN#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Premise Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Contact Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

List all types of licenses you are applying for: \_\_\_\_\_

\_\_\_\_\_

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**The remainder of this form must be completed by the Russell County Occupational Tax Administrator, Russell County Courthouse, Monument Square, Jamestown, Kentucky, before submitting your application for an Alcoholic Beverage License.**

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**Russell County Tax Administrator:**

This is to affirm to the best of my knowledge that the above applicant and/or business is current on all occupational taxes owed personally and all businesses they are associated with in whole or by partnership.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Authorized Agent of the Russell County Tax Administrator

# Russell County

## Office of Alcohol Beverage Control

H.M. Bottom, Administrator

P.O. Box 981, Jamestown, KY 42629

Office: 270/343-1408 Fax: 270/343-2708

### Verification of City of Jamestown Tax Compliance if you have a business in the city limits of Jamestown

Name of Applicant: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Premise Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Contact Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

List all types of licenses you are applying for: \_\_\_\_\_

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**The remainder of this form must be completed by City of Jamestown, 120 North Main Street, Jamestown, Kentucky, before submitting your application for an Alcoholic Beverage License.**

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**City of Jamestown:**

This is to affirm to the best of my knowledge that the above applicant and/or business is current on all accounts and taxes owed to the City of Jamestown,

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Authorized Agent of the City Of Jamestown