

City of Danville Alcoholic Beverage Control



Special Temporary Alcohol License Application

OCTOBER, 2021



CITY OF DANVILLE
ALCOHOLIC BEVERAGE CONTROL 445 W. Main St,
 PO Box 670
 Danville, Kentucky 40423
 (859)-238-1200 ext. 2532 phone
 (859)-936-1301 fax [Jonathan Mullins, ABC Administrator](mailto:Jonathan.Mullins@danvilleky.gov)
 Email: jmullins@danvilleky.gov <https://www.danvilleky.gov/>

ABC TEMPORARY LICENSE APPLICATION

Applications will be returned if all questions are not answered completely, and licensee fees included.

SECTION A	SECTION B
Name of person(s) or company to be licensed: _____	2. Tax numbers must be issued in the applicant's name. Federal EIN # _____
Name of special event: _____	
Address of premises to be licensed: _____	Check the type of temporary license(s) for which the applicant is applying: <input type="checkbox"/> Special Temporary License KRS 243.260 (\$166.66) <input type="checkbox"/> Special Temporary Alcoholic Beverage Auction License KRS 243.036 (\$100) <i>*For charitable or non-profit organizations.</i>
City _____ County _____	
State _____ Zip code _____	
Mailing address (if different from above) _____	
Contact person _____ E-mail address _____	
Contact phone _____	

- Amount of fee enclosed (make check or money order payable to City of Danville: _____)
- Period to be covered by license beginning (month) _____ (day) _____ (year) _____ through (month) _____ (day) _____ (year) _____
- What are the date(s) and time(s) of the qualifying event? _____
- Does the applicant own the premises where the qualifying event is to take place? Yes NO
 If yes, **attach** a copy of the deed.
 If no, **attach** a copy of the lease, permit, or letter of permission to use this property, signed by the applicant and the owner of the premises. List the premises owner's name and contact information:

- Are the premises to be licenses located within an incorporated city or town? YES NO
 If yes, state the name of the city or town: _____
- Is the applicant a non-profit organization? YES NO
 NOTE: Applications by legally recognized for-profit entities, in conjunction with civic or community sponsored events must **attach** supporting evidence of the civic nature of the event (i.e. promotional materials or news articles evidencing the local government's knowledge and support of the event) (804 KAR 4:251 reg)
- Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity? YES NO
 If yes, is the entity in good standing with the Kentucky Secretary of State? (**Attach** documentation showing the applicants good standing). YES NO
- Attach** a description of the event. **Attach** copies of any advertising, mailers, invitations or handbills for this event.
 Include any other information the applicant wishes the city abc administrator to consider.

Note: An ABC licensed caterer may not cater alcoholic beverages at an event covered by a special temporary license.

No free samples of alcoholic beverages may be provided at the event.

All alcoholic beverages for the event must be obtained through a licensed distributor or wholesaler (*exception if using Special Temporary Alcoholic Beverage Auction License, KRS 243.036*)

9. **Attach** Compliance Plan: Please include a map of the premises area for the event, setup of alcohol sales and describe how you will monitor alcohol sales/use at the event, include who will have STAR Training (abc.ky.gov). Provide a detailed list of any additional licensees (i.e. microbrewery, winery, distillery that plan to be at the event). Note: Alcohol is not allowed to leave the premises nor outside alcohol brought on the premises.
10. Name of the responsible party/individual who shall be present at the time of event: _____
 Contact Phone# _____
11. Does the applicant or any person named in Section C have 10% interest or more in any alcohol license type? YES NO (804 KAR 4:015). If yes, please list or explain _____
12. Has the applicant or any person named in Section C been convicted of any felony, been released from felony YES NO custody or felony incarceration, been on felony parole, or had a termination of felony probation with the past five (5) years? (KRS 243.100 (1) (a))
13. Has the applicant or any person named in Section C been convicted of a misdemeanor directly or indirectly YES NO related to alcohol or controlled substance with the past two (2) years? (KRS 243.100 (1)(b) and (c))

SECTION C

3. Complete the following for the business proprietor, partner(s), and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. If privately held, show 100% of the ownership. If publicly-traded, list the three highest ranking officers and any natural person who owns ten (10) % or more. If a non-profit organization, list the highest ranking top director or officer. Attach background checks for those listed below. Attach additional pages as needed.

Is this a publicly held company: YES NO

NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK F= FAX C= CELL	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OF BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP (if applicable)
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%

APPLICANT AFFIDAVIT

I, (print your name here) _____, do hereby swear or affirm under penalty of perjury that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear and affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Kentucky Department of Alcoholic Beverage Control and the City of Danville. I hereby swear and affirm that if the license(s) is issued, I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that no persons listed in Section (C) 3 of this application are in default of a repayment obligation under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment. Signature of Applicant _____ Title _____ Date _____

Note: Once you have completed the application, please save a copy, and print the completed application and return it with your applicable license fee to ABC Administrator, Police Dept., City Hall, 445 W. Main St., Danville, KY 40422. We accept completed applications by hand delivery, or by mail.

CHECK LIST

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you included a certified check, cashier's check, business check, or money order for license fee made payable to the "City of Danville"? Cash will be accepted only in person. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you answered each question fully and checked the type(s) of license(s) you are applying for? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you signed your application(s)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you attached proof of Server Training for STARS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you attached a signed/valid copy of your deed or lease or permission letter? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Have you attached a copy of your criminal background check from the state(s) where you have resided for the past five years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Have you attached a detailed Compliance Plan? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Have you reviewed your application to assure there are no errors, missing information and/or responses? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Have you attached a Certificate of Liability Insurance showing City of Danville as additional insured and waiving subrogation? <i>(Applicable if event being held in or on public property, see enclosed MO No. 09-13-02-2021)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Have you applied for a corresponding State License online at the KY ABC website: abc.ky.gov ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Have all additional required documents been attached? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



CITY OF DANVILLE
ALCOHOLIC BEVERAGE CONTROL
445 W. Main St., PO Box 670
Danville, KY 40423
(859) 238-1232 ext. 2532 phone
(859) 936-1301 fax
<https://www.danvilleky.gov/>

To obtain your criminal history check, call a phone number or visit a website listed below:

Alabama	1-866-740-4762 or 334-353-4340	http://background.alabama.gov/
Alaska	907-269-5767 or 907-269-5640	http://www.dps.state.ak.us/statewide/background/
Arizona	602-223-2000	http://www.azdps.gov/Services/Records/Criminal_History_Records/
Arkansas	501-618-8500	https://www.ark.org/criminal/index.php
California		http://oag.ca.gov/fingerprints/security
Colorado	303-239-4208	https://www.cbirecordscheck.com/
Connecticut	860-685-8480	http://www.ct.gov/despp/lib/despp/reports_and_records/dps-846-c.pdf
Delaware		http://dsp.delaware.gov/state_bureau_of_identification.shtml
Florida	850-410-8109	http://www.fdle.state.fl.us/Criminal-History-Records/Record-Check
Georgia	404-244-2639	http://qbi.georgia.gov/obtaining-criminal-history-record-information
Hawaii	808-587-3279	https://ecrim.ehawaii.gov/ahewa/
Idaho	208-884-7130	https://isp.idaho.gov/bci/criminal-history/
Illinois	815-740-5160	https://isp.illinois.gov/BureauOfIdentification/CriminalHistory
Indiana	317-233-5424	http://www.in.gov/ai/appfiles/isp-lch/
Iowa	515-725-6066	https://dps.iowa.gov/divisions/criminal-investigation/criminal-history/record-check-forms
Kansas	785-296-2454, 785-296-5059, or 800-452-6727	https://www.kansas.gov/kbi/criminalhistory/
Kentucky	800-928-6381 or 502-573-1682	http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx
Louisiana	225-925-6096 or 225-925-6095	https://louisiana.staterecords.org/background.php
Maine	207-624-7240	https://www5.informe.org/online/pcr/
Maryland	410-764-4501 or 888-795-0011	https://www.dpscs.state.md.us/publicservs/bgchecks.shtml
Massachusetts	617-660-4600	http://www.mass.gov/eopss/agencies/dciis/
Michigan	517-241-0606	https://www.michigan.gov/msp/0,4643,7-123-1878_8311---,00.html
Minnesota	651-793-2400	https://chs.state.mn.us/
Mississippi	855-938-5042	https://mississippi.staterecords.org/background.php
Missouri	573-526-6312	https://www.machs.mshp.dps.mo.gov/MACHSFP/home.html
Montana	406-444-3625	https://dojmt.gov/enforcement/background-checks/
Nebraska	402-479-4971	https://www.nebraska.gov/apps-nsp-limited-criminal
Nevada	775-684-6262	https://nevada.staterecords.org/background.php

New Hampshire	603-223-3867	https://www.nhsp.dos.nh.gov/our-services/criminal-records/criminal-history-record-requests
New Jersey	609-882-2000 ext. 2918	http://www.njsp.org/criminal-history-records/index.shtml
New Mexico	505-827-9181	https://www.dps.nm.gov/top-links-for-nm-residents/fingerprinting-and-background-checks
New York	212-428-2943	http://www.criminaljustice.ny.gov/ojis/recordreview.htm
North Carolina	919-890-1000	https://www.nccourts.gov/help-topics/court-records/criminal-background-check
North Dakota	701-328-5500	https://attorneygeneral.nd.gov/public-safety/criminal-history-records/requesting-criminal-history-record-check
Ohio	877-224-0043	https://www.ohioattorneygeneral.gov/backgroundcheck
Oklahoma	405-848-6724	https://osbi.ok.gov/services/criminal-history
Oregon	503-378-5470 or 888-272-5545	http://www.oregon.gov/dhs/business-services/chc/pages/index.aspx
Pennsylvania	888-783-7972	https://epatch.state.pa.us/Home.jsp
Rhode Island	401-274-4400	https://riag.ri.gov/about-our-office/divisions-and-units/bureau-criminal-identification-bci/background-checks
South Carolina	803-737-9000	https://catch.sled.sc.gov/
South Dakota	605-773-3331	https://atq.sd.gov/LawEnforcement/Identification/backgroundcheckrequirements.aspx
Tennessee	615-744-4000	https://www.tn.gov/tbi/divisions/cjis-division/background-checks.html
512-424-2474	855-481-7070	https://securesite.dps.texas.gov/DpsWebsite/CriminalHistory/
Utah	801-965-4445	http://bci.utah.gov/criminal-records/
Vermont	802-244-8727	https://vcic.vermont.gov/ch-information/record-checks
Virginia	804-674-2131	https://www.vsp.virginia.gov/CJIS_Criminal_Record_Check.shtm
Washington	360-534-2000 option 2	https://www.wsp.wa.gov/crime/criminal-history/
West Virginia	304-746-2235 or 304-746-2498	http://www.wvsp.gov/pages/default.aspx
Wisconsin	608-266-7314	https://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information
Wyoming	307-777-7181	https://wyomingdci.wyo.gov/criminal-justice-information-services-cjis/background-checksapplicant-tracking-system

MUNICIPAL ORDER NO. 09-13-02-2021

A MUNICIPAL ORDER ESTABLISHING THE POLICY OF THE CITY OF DANVILLE, KENTUCKY TO REQUIRE INSURANCE COVERAGE WHEN ITS PROPERTIES AND FACILITIES ARE RENTED OR USED.

WHEREAS, KRS 83A.060(12) and (13) authorize a legislative body to adopt municipal orders for matters relating to internal operations and functions of the municipality; and

WHEREAS, the Board of Commissioners of the City of Danville, Kentucky, hereinafter "the City", finds it necessary and proper to establish a policy requiring City staff to obtain certificates of insurance covering the City as an additional insured from applicants that desire to rent or use of City owned properties or facilities; and

WHEREAS, the City currently has a policy establishing said requirements, which is Municipal Order No. 05-14-01-2018, but upon recommendation of the City's insurance broker, desires to make revisions to said policy;

NOW, THEREFORE, it is hereby ORDERED AND ADOPTED by the Board of Commissioners of the City of Danville, Kentucky, that City staff shall require, with the approval of an application to rent or use City owned property or facilities, evidence of insurance verifying coverage/coverages with the City listed as an additional insured in the following minimum amounts:

1. For single day events: \$1,000,000.00 per occurrence / \$2,000,000.00 aggregate of general liability insurance providing primary coverage with the City names as an additional insured; specify the type of event/location on the insurance form; and where alcohol is served or sold additionally require liquor liability coverage of \$1,000,000.00 per occurrence / \$1,000,000.00 aggregate as primary coverage with the City named as an additional insured on the insurance form and specify the event/location on the insurance form.
2. For multiple day events: \$1,000,000.00 per occurrence / \$2,000,000.00 aggregate of general liability insurance providing primary coverage with the City names as an additional

insured; specify the type of event/location on the insurance form; and where alcohol is served or sold additionally require liquor liability coverage of \$1,000,000.00 per occurrence / \$1,000,000.00 aggregate as primary coverage with the City named as an additional insured on the insurance form and specify the event/location on the insurance form.

3. In addition to evidence of liability in the amounts specified herein, applicants must further provide the City a waiver of subrogation, hold harmless & indemnification agreement.

To the extent that any provisions of previous municipal orders are inconsistent with this municipal order, specifically Municipal Order No. 05-14-01-2018, then this municipal order shall supersede all prior, inconsistent provisions.

Adopted this 13th day of September, 2021.



G. MICHAEL PERROS, MAYOR
CITY OF DANVILLE, KENTUCKY

ATTEST:



ASHLEY RAIDER, CITY CLERK
CITY OF DANVILLE, KENTUCKY