

Lisa R. Dunbar,
KMMC, CMC
City Clerk/ABC Administrator
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216 Bridge St.
Maysville, KY 41056
606-564-2718
606-564-9416 fax

RENEWAL FOR CITY ALCOHOLIC BEVERAGE LICENSE

UPDATE ADDRESSES & PHONE NUMBER AS NEEDED

Applicant/business: _____

DBA _____ Check if not applicable: _____

Mailing Address: _____

Business Address: _____

Business phone: _____ email addr.: _____

It is the responsibility of the business owner to receive approval from the ABC Administrator if changing or seeking additional licenses and to ensure that City and State license categories match.

Check boxes beside all corresponding licenses for which you are applying:

License	Fee	
<input type="checkbox"/> Rectifier	\$ 750.00	
<input type="checkbox"/> Wholesaler	\$ 787.00	
<input type="checkbox"/> LP Quota Retail Package	\$ 472.00	
<input type="checkbox"/> LD Retail by the drink	\$ 472.00	
<input type="checkbox"/> NQ1 Retail Drink - convention center	\$ 1,100.00	
<input type="checkbox"/> NQ2 Retail Drink - restaurant/motel	\$ 550.00	
<input type="checkbox"/> NQ3 Retail Drink - private club	\$ 275.00	
<input type="checkbox"/> NQ4 Malt beverage retail drink	\$ 78.00	*Discount: Purchase of both an NQ and NQ4 will total \$128.
<input type="checkbox"/> NQ Malt beverage retail package	\$ 78.00	
<input type="checkbox"/> Extended hours	\$ 1,000.00	
<input type="checkbox"/> Caterer	\$ 450.00	
<input type="checkbox"/> Bottling House	\$ 1,000.00	
<input type="checkbox"/> Malt beverage brewer	\$ 500.00	
<input type="checkbox"/> Malt beverage distributor	\$ 157.00	
<input type="checkbox"/> Malt beverage microbrewery	\$ 500.00	
<input type="checkbox"/> Malt beverage brew on premises	\$ 100.00	
<input type="checkbox"/> Limited golf course	\$ 600.00	
<input type="checkbox"/> Limited restaurant	\$ 600.00	
<input type="checkbox"/> Distiller	\$ 500.00	
<input type="checkbox"/> Qualified Historic Site	\$ 550.00	
Total Amount Enclosed	\$ _____	

Under penalty of perjury and violation of Chapter 113 of the City of Maysville Code of Ordinances, the undersigned states under oath that the all information given here and in the attached Kentucky application and any supporting documents is true and complete.

APPLICANT'S PRINTED NAME DATE

SIGNATURE