



**City of Murray
Alcoholic Beverage Control
Basic Application**

500 Main Street, Murray, KY 42071
Phone 270-761-1222
Website: www.murrayky.gov/abc

Section A.

Applicant's Business/company name: (Applicant's name, if sole proprietor)

DBA (Doing Business As):

Premises Address: _____

Mailing Address (If different from above):

Contact Person: _____ Contact Phone #: (____) _____

Premises Phone #: (____) _____ Fax #: (____) _____

Email address: _____

Application Fee Enclosed \$ _____

Attach a certified check, cashier check, or money order made payable to: CITY OF MURRAY.

When applicant receives state ABC License, a copy should be brought to the City of Murray ABC Administrator along with Fees for Local License(s) being applied for.



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Section B:

Types of Licenses and Fees:

For ABC licenses issued between:

Feb 1 st through July 31 st	(Full Year)
Aug 1 st through Jan 31 st	(Half Year)

Check the license type(s) for which the applicant is applying.

NQ Type 1 (Non Quota Type 1) – Convention Center License, Horse Track License, Automobile Track License, and Air/Retail License.

NQ Type 2 (Non Quota Type 2) – Restaurant Drink License, Motel Drink License, Restaurant Wine License, Airport Drink License, Riverboat License

NQ Type 3 (Non Quota Type 3) – Special Private Club License, Dining Car Liquor License, Dining Car Beer License

Malt Beverage Licenses

License Type	Licensing Fee Half Year	Licensing Fee Full Year
<input type="checkbox"/> Brewer’s License	\$250	\$500
<input type="checkbox"/> Microbrewery	\$250	\$500
<input type="checkbox"/> Distributor’s License	\$200	\$400
<input type="checkbox"/> Brew on Premises License	\$50	\$100
<input type="checkbox"/> NQ Retail Package*	\$100	\$200
<input type="checkbox"/> NQ Type 4 Retail Drink*	\$50	\$100
<input type="checkbox"/> NQ Type 4 Retail Drink	\$100	\$200
<input type="checkbox"/> NQ Retail Package*	\$25	\$50



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Distilled Spirits & Wine Licenses

License Types	Licensing Fee Half Year	Licensing Fee Full Year
<input type="checkbox"/> Quota Retail Package License	\$400	\$800
<input type="checkbox"/> Quota Retail Drink	\$400	\$800
<input type="checkbox"/> Distiller's License	\$1,500	\$3,000
<input type="checkbox"/> Rectifier's License	\$1,500	\$3,000
<input type="checkbox"/> Wholesaler's License	\$500	\$1,000
<input type="checkbox"/> NQ Type 1 Retail Drink Includes distilled spirits, wine, and malt beverage	\$1000	\$2,000
<input type="checkbox"/> NQ Type 2 Retail Drink Includes distilled spirits, wine, and malt beverage	\$500	\$1,000
<input type="checkbox"/> NQ Type 3 Retail Drink Includes distilled spirits, wine, and malt beverage	\$150	\$300
<input type="checkbox"/> Bottling House or Bottling House Storage	\$500	\$1,000
<input type="checkbox"/> Supplemental Bar	\$500	\$1,000
<input type="checkbox"/> Sunday Retail Drink	\$150	\$300

Other License Fees

License Type	Licensing Fee Half Year	Licensing Fee Full Year
<input type="checkbox"/> Special Temporary License	per event	\$133.33
<input type="checkbox"/> Special Temporary Auction License	per event	\$200
<input type="checkbox"/> Caterer's License	\$400	\$800
<input type="checkbox"/> Limited Restaurant	\$500	\$1,000
<input type="checkbox"/> Limited Golf Course	\$500	\$1,000



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*The holder of a Non Quota retail malt beverage package license may obtain a Non Quota Type 4 malt beverage drink license for a fee of fifty dollars (\$50). The holder of a Non Quota Type 4 Malt Beverage Drink License may obtain a Non Quota Retail Malt Beverage Package License for a fee of fifty dollars (\$50).

**The fee for each of the first five (5) supplemental tavern licenses shall be the same as the fee for the primary drink license. There shall be no charge for each supplemental license issued in excess of five (5) to the same licensee at the same premises.

Section C:

Affidavit of Ownership:

Name	Title	Date of Birth	Last 4 of Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section D:

Is the applicant the owner of the premises? If no, please attach a copy of the Lease Agreement.

Yes No



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Section E:

Affidavit

I, _____, do hereby solemnly swear or affirm that I am aware that my state application is incorporated and made a part of this application, and 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 City of Murray, Kentucky Alcoholic Beverage Control Ordinance, and I hereby consent to the authority of the Alcoholic Beverage Control Administrator and his/her 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;
- c) And emergency temporary closure of the licensed premises if the public health, safety, morals and welfare are 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.

Signature of Applicant: _____ Date: _____

Title of above signed: _____

Commonwealth of Kentucky
State at Large
County of _____

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

Notary Public

My Commission Expires: _____

Approved: _____ Date: _____
Alcoholic Beverage Administrator



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Checklist:

- Completed Application
- Completed Verifications for:
 - Building Code Compliance
 - Fire Code Compliance
 - Food Service Compliance
 - Zoning Compliance
- Copy of Advertisement of License (Newspaper publication)
- Notarized Affidavit (Section E)
- Copy of Lease Agreement, if applicable
- Completed State License, subject to Local Administrator Approval
- Application Fee



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**Verification of Building Code Compliance related to City of Murray, Kentucky
Application for Alcoholic Beverage License**

Applicant: _____ Address: _____

Applicant Contact #: _____ Fax # _____

Physical Address of Premises: _____

List all types of Licenses you are applying for: _____

The remainder of this form must be completed by the City of Murray Building Official, 500 Main Street, Murray, KY 42071, Phone number: (270) 762-0350, before submitting your application for an Alcoholic Beverage License.

This is to certify that the premises listed above, meets all applicable Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Murray, Kentucky with the following conditions, if any:

Signed this the _____ day of _____, 20 _____.

City of Murray Building Official



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**Verification of Fire Code Compliance related to City of Murray, Kentucky
Application for Alcoholic Beverage License**

Applicant: _____ Address: _____

Applicant Contact #: _____ Fax # _____

Physical Address of Premises: _____

List all types of Licenses you are applying for: _____

The remainder of this form must be completed by the City of Murray Fire Marshal, 207 South 5th Street, Murray, KY 42071, Phone number: (270) 762-0320, before submitting your application for an Alcoholic Beverage License.

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 Murray, Kentucky with the following conditions, if any:

Signed this the _____ day of _____, 20 ____.

City of Murray Fire Marshall



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**Verification of Food Service Compliance related to City of Murray, Kentucky
Application for Alcoholic Beverage License**

Applicant: _____ Address: _____

Applicant Contact #: _____ Fax # _____

Physical Address of Premises: _____

List all types of Licenses you are applying for: _____

The remainder of this form must be completed by the Calloway County Health Department, 602 Memory Lane, Murray, KY 42071, Phone number: (270) 753-3381, before submitting your application for an Alcoholic Beverage License.

This is to certify that the premises listed above, has obtained all necessary food service permits in order to comply with the Kentucky Food Service Code with the following conditions, if any:

Signed this the _____ day of _____, 20 _____.

Calloway County Health Department Representative

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

This form does not verify that the above business qualifies for status as a "Restaurant" under statutes, administrative regulations or Murray City Code pertaining to Alcoholic Beverage Control. Such Verification is made by the City Alcoholic Beverage Control Administrator.



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**Verification of Zoning Compliance related to City of Murray, Kentucky
Application for Alcoholic Beverage License**

Applicant: _____ Address: _____

Applicant Contact #: _____ Fax # _____

Physical Address of Premises: _____

List all types of Licenses you are applying for: _____

The remainder of this form must be completed by the City of Murray Planning Department, 500 Main Street, Murray, KY 42071, Phone number: (270) 762-0350, before submitting your application for an Alcoholic Beverage License.

The current zoning of this property is: _____

This is to certify that the property listed above, meets the current City of Murray Zoning Ordinance in order to comply with the Alcoholic Beverage Control Ordinance of the City of Murray, Kentucky with the following conditions, if any: (Note: if the property DOES NOT meet the current Zoning Ordinance, please note and describe:

Signed this the _____ day of _____, 20 _____.

Planning Department Representative