

# City of Manchester Alcoholic Beverage Control



## Basic Application Packet

Ordinance # 2011-005

**ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM**

**City of Manchester, Kentucky**

**123 Town Square**

**Manchester, Kentucky 40962**

**Phone: (606)598-3456 Fax: (606)599-1763**

**Website: welovemanchester.com**

**Patrick Robinson, ABC Administrator officerobinson@cityofmanchesterky.org**

**SECTION ONE:**

Name of Applicant: \_\_\_\_\_  
d/b/a: \_\_\_\_\_  
Premises Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Premises Phone No.: (\_\_\_\_\_)\_\_\_\_\_ Contact Phone No.: (\_\_\_\_\_)\_\_\_\_\_  
Email Address: \_\_\_\_\_

**SECTION TWO:**

**Types of Licenses and Fees:**

Check the boxes for the type(s) of license(s) you are applying for. To determine the ABC license fee(s), find the license type(s) in the left column. **Attach a certified check, cashier check, or money order made payable to: CITY OF MANCHESTER.**

For ABC licenses issued between:

May 1<sup>st</sup> through October 31<sup>st</sup> (Full Year)

November 1<sup>st</sup> through April 30<sup>th</sup> (Half Year)

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

<b>LICENSE TYPE</b>	<b>FULL YEAR FEE</b> Pay this amount	<b>HALF YEAR FEE</b> Pay this amount
<b><u>Distilled Spirits and Wine License Fees</u></b>		
<input type="checkbox"/> DISTILLER'S	500.00	250.00
<input type="checkbox"/> RECTIFIER'S	3000.00	1500.00
<input type="checkbox"/> BLENDER'S	3000.00	1500.00
<input type="checkbox"/> WHOLESALER'S	3000.00	1500.00
<input type="checkbox"/> RETAIL PACKAGE LICENSE	600.00	300.00

<b>LICENSE TYPE</b>	<b>FULL YEAR FEE Pay this amount</b>	<b>HALF YEAR FEE Pay this amount</b>
<b><u>Distilled Spirits &amp; Wine License Fees</u></b>		
<input type="checkbox"/> RETAIL DRINK, MOTEL DRINK, AIRPORT DRINK, RESTAURANT DRINK, SUPPLEMENTAL BAR	600.00	300.00
<input type="checkbox"/> SPECIAL TEMPORARY LIQUOR LICENSE	130.00 (PER EVENT)	
<input type="checkbox"/> RESTAURANT WINE – NEW APPLICANTS	600.00	300.00
<input type="checkbox"/> RESTAURANT WINE – RENEWALS	400.00	200.00
<input type="checkbox"/> SPECIAL SUNDAY SALE RETAIL DRINK	300.00	150.00
<input type="checkbox"/> SPECIAL TEMPORARY WINE LICENSE	3000.00 (PER EVENT)	
<input type="checkbox"/> SPECIAL TEMPORARY AUCTION LICENSE	3000.00 (PER EVENT)	
<input type="checkbox"/> NONRESIDENTIAL SPECIAL AGENT OR SOLICITOR’S LICENSE	40.00	20.00
<input type="checkbox"/> BOTTLING HOUSE OR WINE STORAGE	1000.00	500.00
<input type="checkbox"/> SOUVENIR RETAIL LIQUOR LICENSE	1000.00	500.00
<b><u>Malt Beverage License Fees</u></b>		
<input type="checkbox"/> BREWER’S	500.00	250.00
<input type="checkbox"/> MICROBREWERY	500.00	250.00
<input type="checkbox"/> DISTRIBUTOR’S	400.00	200.00
<input type="checkbox"/> RETAILER’S	200.00	100.00
<input type="checkbox"/> SPECIAL TEMPORARY LICENSE	25.00(PER EVENT)	
<input type="checkbox"/> SPECIAL SUNDAY MALT BEVERAGE RETAILERS	125.00	62.50
<input type="checkbox"/> BREW ON PREMISES LICENSE	100.00	50.00
<b><u>Other License Fees</u></b>		
<input type="checkbox"/> CONVENTION CENTER	2000.00	1000.00
<input type="checkbox"/> EXTENDED HOURS SUPPLEMENTAL	2000.00	1000.00
<input type="checkbox"/> HORSE RACE TRACK	2000.00	1000.00
<input type="checkbox"/> CATERER’S	800.00	400.00
<input type="checkbox"/> RIVERBOAT	1200.00	6000.00

**LICENSE TYPE****FULL YEAR FEE**  
**Pay this amount****HALF YEAR FEE**  
**Pay this amount****Other License Fees cont.**

<input type="checkbox"/> AUTOMOBILE RACE TRACK	20000.00	1000.00
<input type="checkbox"/> LIMITED RESTAURANT OR LIMITED GOLF COURSE (INCLUDES DISTILLED SPIRITS, WINE, AND MALT BEVERAGES) NEW APPLICANTS	800.00	400.00
<input type="checkbox"/> SPECIAL PRIVATE CLUB	300.00	150.00

**SECTION THREE:**

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 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 Alcoholic Beverage Control Ordinance No. 2011-005 of the City of Manchester, Kentucky, 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: \_\_\_\_\_  
Applicant's Title: \_\_\_\_\_

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 \_\_\_\_\_  
Patrick Robinson, Alcoholic Beverage Control Administrator

**VERIFICATION OF FOOD SERVICE COMPLIANCE**  
**Related to**  
**City of Manchester, Kentucky**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Name of Applicant: \_\_\_\_\_  
d/b/a: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_)\_\_\_\_\_ Cell 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 Clay County Health Center, 330 Shamrock Road, Manchester, Kentucky, Phone: 606-598-2425, before submitting your application for an Alcoholic Beverage License.

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Address of premises to be licensed: \_\_\_\_\_

This is to certify that the premises listed above (has) (has not) obtained all necessary food service permits in order to comply with the Kentucky Food Service Code, with the following conditions, if any:

\*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\_\_\_\_\_.

\_\_\_\_\_  
Clay County Health Department Representative

**VERIFICATION OF FIRE CODE COMPLIANCE**  
**Related to**  
**City of Manchester, Kentucky**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Name of Applicant: \_\_\_\_\_  
d/b/a: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_)\_\_\_\_\_ Cell 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 Fire Marshall General Inspection Department,  
Phone: 502-573-0388, before submitting your application for an Alcoholic Beverage License.

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Address of premises to be licensed: \_\_\_\_\_

This is to certify that the premises listed above (does) (does not) meet the current, **city** obtained Fire and Life Safety Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Manchester, Kentucky with the following conditions, if any:

Seating Requirements if applicable \_\_\_\_\_

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

\_\_\_\_\_

**VERIFICATION OF BUILDING CODE COMPLIANCE**  
**Related to**  
**City of Manchester, Kentucky**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Name of Applicant: \_\_\_\_\_  
d/b/a: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_)\_\_\_\_\_ Cell 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 State Building Inspector, Steve Hammock, Phone: 606-424-6945, before submitting your application for an Alcoholic Beverage License.

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Address of premises to be licensed: \_\_\_\_\_

This is to certify that the premises listed above (does) (does not) meet all applicable Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Manchester, Kentucky, with the following conditions, if any:

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

\_\_\_\_\_

**Manchester – Clay County Planning and Zoning Commission  
Letter of Zoning Status Determination Request**

Property Owner: \_\_\_\_\_

Physical Property Address: \_\_\_\_\_

Content of Letter: (any special information required in content of letter) \_\_\_\_\_

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Mail to Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Requested Date: \_\_\_\_\_

Date Needed: (minimum of 5 days from request) \_\_\_\_\_

Requested By: \_\_\_\_\_

**Zoning Verification Letter Fee: \$50.00** (make check payable to Manchester  
Planning & Zoning Commission)

City of Manchester  
Manchester Planning & Zoning Commission  
123 Town Square  
Manchester, KY 40962  
606-598-3456-606-599-1763 (fax)

# City of Manchester

To be completed by applicants

For the licensing of an establishment that sells alcoholic beverages

If you are seeking:

- LP – Liquor Package Retail

Briefly describe your business model.

Ownership: The City of Manchester places great value on business owners who are invested in the Manchester community; examples: sponsorships, civic service, property investments, or any other engagement in the Manchester community. Please list your owners, principals, investors with name and address. List local affiliations, if any.

Economic Impact: Describe your anticipated economic impact on the community: number of jobs, payroll, property investment and revenues to the city, etc.

Site Description: What is the address of your proposed location? The City of Manchester is interested in serving all geographic areas of the city. Therefore, the City wishes not to cluster all licenses in one area. Describe your proposed location. Include a sketch or plat of your proposed site, including streets, lot size and adjacent property owners or businesses; ownership or lease arrangements; proximity to schools, churches or government buildings. Include a safety plan and how you will mitigate any traffic congestions. Does this application reflect compliance with the local zoning ordinance?

Aesthetics: The City of Manchester is inherently committed to protecting the character and beauty of our community. What do you envision the site and building will look like? What or how does your design contribute to the existing character of the neighborhood?

Check all that apply: The City of Manchester wholeheartedly supports the revitalization of downtown as well as the reuse of existing buildings.

- New Construction – or –
- Existing building – or –
- Downtown
- Main Street
- Junction of 421 & 80
- Richmond Road

Capital: The City of Manchester values businesses that demonstrate their ability to financially support and sustain their viability. What is your plan for capitalizing your business and how will you sustain this long term? Evidence should include proof of equity investment from applicants &/or investors; proof by letter of financing approval or letter of credit if a lender is required; List any bankruptcies and lawsuits in which you or your partners are named or engaged.

Experience: Include your business, retail and educational experience to demonstrate your ability to successfully operate a LP or LD establishment. Define your specific business objectives and goals and how your experience will help achieve them. List your retail experience, number of years in business, or educational background. Include any training or experience that would demonstrate your ability to operate a licensed business.

Business Plan: Consideration will be given to applicants who submit a complete business plan.

# ABC CONTACT LIST

## **Kentucky List:**

Mark Cassity, <i>Regional Investigator for KY ABC</i>	502-564-4850
Danny Reed, <i>Distilled Spirits Administrator</i>	502-564-4850
Janet Williams, <i>Assistant Director of Distilled Spirits</i>	502-564-4850
Stephanie Stumbo, <i>Malt Beverage Administrator</i>	502-564-4850
Sonya Semones, <i>Assitant Director of Malt Beverage</i>	502-564-4850
Steve Humphress, <i>General Counsel</i>	502-782-1025
David Smith, <i>Staff Attorney</i>	502-782-1025

## **Manchester List:**

Patrick Robinson, <i>ABC Administrator</i>	606-598-8411
Fire Marshall General Inspection Department	502-573-0388
Steve Hammock, <i>Building Inspector</i>	606-424-6945
Agnes Jewell, <i>Planning &amp; Zoning</i>	606-598-3456
Clay County Health Center	606-598-2425

## **Server Training Organizations:**

Virginia Asher, <i>Regional Prevention Center Director</i>	606-331-2070
Sandra Watts, <i>KY ABC Education Branch Manager</i>	888-847-7222
David Hester, <i>Training for Intervention Procedures</i>	859-236-6482 (home) 859-252-3434 (work)

## **ABC Links:**

City of Manchester:	<a href="http://welovemanchester.com">welovemanchester.com</a>
Kentucky Alcoholic Beverage Control:	<a href="http://www.abc.ky.gov">www.abc.ky.gov</a>
Alcohol & Tobacco Tax & Trade Bureau:	<a href="http://www.ttb.gov">www.ttb.gov</a>