



## Alcoholic Beverage Control License – Local Application

To be able to traffic in Alcoholic Beverages, you must obtain both a state and local issued ABC license in most cases. First, complete the appropriate ABC license application from the state ABC website at [abc.ky.gov](http://abc.ky.gov). Then follow the instructions below to submit a complete ABC packet for review by the local ABC administrator.

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### Application Instructions

**Step 1** - Complete the Kentucky State ABC license application online. Complete all local forms and email them to [abc@lexingtonpolice.ky.gov](mailto:abc@lexingtonpolice.ky.gov). A check sheet has been provided on the last page of this packet.

NOTE: Supporting documentation must include a criminal background check from each state the applicant has resided in during the past five (5) years. The background check(s) **MUST** be obtained from the approved list in this packet.

**Step 2** - LFUCG ABC licensing fees **MUST** be paid prior to the submission of an application. Refer to the *ABC License Fee Schedule* to determine your license fees and complete the *Fee Payment Form*.

**Step 3** - The LFUCG ABC *Final Inspection Form* **MUST** be signed by representatives from the Division of Planning and the Division of Revenue offices prior to the submission of the application. Signatures from a representative of the Fire Prevention Bureau, Division of Building Inspection, and the Environment Health Services **MUST** be obtained and submitted before the LFUCG ABC License will be issued.

**Step 4** - Include a diagram/floor plan of the establishment including all detached structures and parking areas.

**Step 5** - Include a photocopy of a Driver's License or Photo I. D. for all individuals on which a background check has been conducted during the Basic Application.





### Alcoholic Beverage Control – Basic License Form

Complete this form after submitting your online application to Kentucky ABC

#### State ABC information

State application number: Q - \_\_\_\_\_

#### Business information

Business/company name: \_\_\_\_\_  
(applicant's name, if sole proprietor)

DBA (Doing Business As): \_\_\_\_\_

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

City: Lexington State: KY Zip: \_\_\_\_\_ Premises phone: \_\_\_\_\_

County: Fayette Email: \_\_\_\_\_

Mailing address  
(if different from above): \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact phone: \_\_\_\_\_

#### Liability Insurance

Provider: \_\_\_\_\_ Policy number: \_\_\_\_\_

#### Requested license Type

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## Applicant information

Complete the following for the business proprietor, partner(s), and all persons having an interest 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) percent or more. If a non-profit, list the highest ranking director or officer. Attach additional pages as needed.

<b>1</b>	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					
<b>2</b>	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					
<b>3</b>	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					
<b>4</b>	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					





**Applicant information (continued)**

5	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					
6	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					
7	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					
8	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					





**Applicant information (continued)**

9	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					
10	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					
11	<b>Name:</b>	<b>Home address:</b>	<b>All phone numbers</b> H: W: C:	<b>US citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last 4 of SSN</b>	<b>Date of birth</b> mm-dd-yyyy
	<b>Title:</b>	<b>List states where person resided over past 5 years:</b>				
	<b>Percent (%) of ownership (if applicable):</b>					





## Criminal History / Background Checks

Applicants are required to submit a criminal background check from each state they have resided in during the past five (5) years.

State	Phone number	Website
Alabama	334-353-4340	<a href="http://background.alabama.gov/">http://background.alabama.gov/</a>
Alaska	907-269-5767	<a href="https://dps.alaska.gov/Statewide/R-I/Background/Home">https://dps.alaska.gov/Statewide/R-I/Background/Home</a>
Arizona	602-223-2222	<a href="https://www.azdps.gov/services/public/records/criminal">https://www.azdps.gov/services/public/records/criminal</a>
Arkansas	501-618-8500	<a href="https://www.ark.org/criminal/index.php">https://www.ark.org/criminal/index.php</a>
California	916-210-6276	<a href="https://oag.ca.gov/fingerprints/record-review">https://oag.ca.gov/fingerprints/record-review</a>
Colorado	303-239-4208	<a href="https://www.cbirecordscheck.com/">https://www.cbirecordscheck.com/</a>
Connecticut	860-685-8480	<a href="https://portal.ct.gov/DESPP/Division-of-Emergency-Service-and-Public-Protection/Forms">https://portal.ct.gov/DESPP/Division-of-Emergency-Service-and-Public-Protection/Forms</a>
Delaware	302-739-5901	<a href="https://dsp.delaware.gov/obtaining-a-certified-criminal-history/">https://dsp.delaware.gov/obtaining-a-certified-criminal-history/</a>
Florida	850-410-8109	<a href="https://cchinet.fdle.state.fl.us/search/app/default?0">https://cchinet.fdle.state.fl.us/search/app/default?0</a>
Georgia	404-244-2639	<a href="https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions">https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions</a>
Hawaii	808-587-3279	<a href="https://ecrim.hawaii.gov/ahewa/">https://ecrim.hawaii.gov/ahewa/</a>
Idaho	208-884-7159	<a href="https://isp.idaho.gov/bci/background-checks/">https://isp.idaho.gov/bci/background-checks/</a>
Illinois	815-740-5160	<a href="http://www.isp.state.il.us/crimhistory/chri.cfm">http://www.isp.state.il.us/crimhistory/chri.cfm</a>
Indiana	317-233-2010	<a href="http://www.in.gov/ai/appfiles/isp-lch/">http://www.in.gov/ai/appfiles/isp-lch/</a>
Iowa	515-725-6066	<a href="https://dps.iowa.gov/divisions/criminal-investigation/criminal-history/record-check-forms">https://dps.iowa.gov/divisions/criminal-investigation/criminal-history/record-check-forms</a>
Kansas	785-296-2454	<a href="http://www.kansas.gov/kbi/criminalhistory/">http://www.kansas.gov/kbi/criminalhistory/</a>
Kentucky	502-573-1682	<a href="https://kycourts.gov/aoc/criminalrecordreports/Pages/default.aspx">https://kycourts.gov/aoc/criminalrecordreports/Pages/default.aspx</a>
Louisiana	225-925-6096	<a href="https://ibc.dps.louisiana.gov/">https://ibc.dps.louisiana.gov/</a>
Maine	207-624-7240	<a href="https://www5.informe.org/online/pcr/">https://www5.informe.org/online/pcr/</a>
Maryland	410-764-4501	<a href="http://www.dpscs.state.md.us/publicservs/bgchecks.shtml">http://www.dpscs.state.md.us/publicservs/bgchecks.shtml</a>
Massachusetts	617-660-4600	<a href="https://www.mass.gov/criminal-record-check-services">https://www.mass.gov/criminal-record-check-services</a>
Michigan	517-241-0606	<a href="https://apps.michigan.gov/">https://apps.michigan.gov/</a>
Minnesota	651-793-2400	<a href="https://dps.mn.gov/divisions/bca/Pages/background-checks.aspx">https://dps.mn.gov/divisions/bca/Pages/background-checks.aspx</a>
Mississippi	601-987-1212	<a href="https://www.dps.ms.gov/investigation/criminal-information-center">https://www.dps.ms.gov/investigation/criminal-information-center</a>
Missouri	573-526-6312	<a href="https://www.machs.mo.gov/MocchWebInterface/home.html">https://www.machs.mo.gov/MocchWebInterface/home.html</a>
Montana	406-444-3625	<a href="https://dojmt.gov/enforcement/background-checks/">https://dojmt.gov/enforcement/background-checks/</a>
Nebraska	402-479-4971	<a href="http://www.nebraska.gov/clickBackground/">http://www.nebraska.gov/clickBackground/</a>
Nevada	775-684-6262	<a href="https://rccd.nv.gov/">https://rccd.nv.gov/</a>
New Hampshire	603-223-3867	<a href="https://www.nh.gov/safety/divisions/nhsp/jib/crimrecords/">https://www.nh.gov/safety/divisions/nhsp/jib/crimrecords/</a>
New Jersey	609-882-2000 ext. 2918	<a href="https://www.njsp.org/criminal-history-records/">https://www.njsp.org/criminal-history-records/</a>
New Mexico	505-827-9181	<a href="https://www.dps.nm.gov/top-links-for-nm-residents/fingerprinting-and-background-checks">https://www.dps.nm.gov/top-links-for-nm-residents/fingerprinting-and-background-checks</a>
New York	212-428-2943	<a href="https://www.criminaljustice.ny.gov/ojis/recordreview.htm">https://www.criminaljustice.ny.gov/ojis/recordreview.htm</a>
North Carolina	919-890-1000	<a href="http://ncsbi.gov/Services/Background-Checks.aspx">http://ncsbi.gov/Services/Background-Checks.aspx</a>
North Dakota	701-828-5500	<a href="https://attorneygeneral.nd.gov/public-safety/criminal-history-records/requesting-criminal-history-record-check">https://attorneygeneral.nd.gov/public-safety/criminal-history-records/requesting-criminal-history-record-check</a>
Ohio	740-845-2000	<a href="https://www.ohioattorneygeneral.gov/Individuals-and-Families/Consumers/Requesting-Your-Own-Criminal-Records">https://www.ohioattorneygeneral.gov/Individuals-and-Families/Consumers/Requesting-Your-Own-Criminal-Records</a>





Oklahoma	405-848-6724	<a href="https://osbi.ok.gov/services/criminal-history">https://osbi.ok.gov/services/criminal-history</a>
Oregon	503-378-5470	<a href="https://www.oregon.gov/dhs/business-services/chc/Pages/index.aspx">https://www.oregon.gov/dhs/business-services/chc/Pages/index.aspx</a>
Pennsylvania	888-783-7972	<a href="https://epatch.state.pa.us/Home.jsp">https://epatch.state.pa.us/Home.jsp</a>
Rhode Island	401-274-4400	<a href="http://www.riag.ri.gov/BCI/index.php">http://www.riag.ri.gov/BCI/index.php</a>
South Carolina	803-737-9000	<a href="https://catch.sled.sc.gov/">https://catch.sled.sc.gov/</a>
South Dakota	605-773-3331	<a href="https://atg.sd.gov/LawEnforcement/Identification/backgroundcheckrequirements.aspx">https://atg.sd.gov/LawEnforcement/Identification/backgroundcheckrequirements.aspx</a>
Tennessee	615-744-4057	<a href="https://www.tn.gov/tbi/divisions/cjis-division/background-checks.html">https://www.tn.gov/tbi/divisions/cjis-division/background-checks.html</a>
Texas	855-481-7070	<a href="https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/">https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/</a>
Utah	801-965-4445	<a href="https://bci.utah.gov/criminal-records/">https://bci.utah.gov/criminal-records/</a>
Vermont	802-241-5320	<a href="https://secure.vermont.gov/DPS/criminalrecords/">https://secure.vermont.gov/DPS/criminalrecords/</a>
Virginia	804-674-2131	<a href="https://www.vsp.virginia.gov/CJIS_Criminal_Record_Check.shtm">https://www.vsp.virginia.gov/CJIS_Criminal_Record_Check.shtm</a>
Washington	360-534-2000	<a href="https://www.wsp.wa.gov/crime/criminal-history/">https://www.wsp.wa.gov/crime/criminal-history/</a>
West Virginia	304-746-2170	<a href="https://www.wvsp.gov/Criminal%20Records/Pages/default.aspx">https://www.wvsp.gov/Criminal%20Records/Pages/default.aspx</a>
Wisconsin	608-266-7314	<a href="https://recordcheck.doj.wi.gov/">https://recordcheck.doj.wi.gov/</a>
Wyoming	307-777-7181	<a href="http://wyomingdci.wyo.gov/dci-criminal-justice-information-systems-section/criminal-records-section/criminal-history-checks">http://wyomingdci.wyo.gov/dci-criminal-justice-information-systems-section/criminal-records-section/criminal-history-checks</a>





## ABC License Fee Schedule

LICENSE TYPE (S)	Full Year Fee	Half Year Fee
Quota Retail Drink *Includes Liquor & Wine Only	\$ 1,000.00	\$ 500.00
Quota Retail Package *Includes Packaged Liquor & Wine Only	\$ 1,000.00	\$ 500.00
NQ Retail Malt Beverage Package	\$ 200.00	\$ 100.00
Secondary NQ4 Retail Malt Beverage Drink**	\$ 50.00	\$ 25.00
NQ1 Convention Center *Includes Liquor/Wine/Beer	\$ 2,000.00	\$ 1,000.00
NQ1 Horse Racetrack *Includes Liquor/Wine/Beer	\$ 2,000.00	\$ 1,000.00
NQ2 Retail Drink *Includes Liquor/Wine/Beer	\$ 1,000.00	\$ 500.00
NQ3 Private Club *Includes Liquor/Wine/Beer	\$ 300.00	\$ 150.00
NQ4 Retail Malt Beverage Drink	\$ 200.00	\$ 100.00
Secondary NQ Retail Malt Beverage Package**	\$ 50.00	\$ 25.00
Special Sunday Retail Drink	\$ 300.00	\$ 150.00
Supplemental Bar License	\$ 1,000.00	\$ 500.00
Wholesaler's Distilled Spirits And Wine	\$ 3,000.00	\$ 1,500.00
Bottling House Storage	\$ 1,000.00	\$ 500.00
Brewers License	\$ 500.00	\$ 250.00
Caterer's License	\$ 800.00	\$ 400.00
Distiller's License	\$ 500.00	\$ 250.00
Malt Beverage Distributor	\$ 400.00	\$ 200.00
Microbrewery	\$ 500.00	\$ 250.00
Rectifier's License	\$ 3,000.00	\$ 1,500.00
Malt Beverage Brew On Premises License	\$ 100.00	\$ 50.00
Limited Restaurant--LR50 (minimal 50 seats at tables) *Includes Liquor/Wine/Beer	\$ 1200.00	\$ 600.00
EXPIRATION MONTH	Full Year	Half Year
<b>August 31<sup>st</sup></b> ***Batch applicants only	Issued before March 1 <sup>st</sup>	Issued March 1 <sup>st</sup> or later
<b>November 30<sup>th</sup></b>	Issued before June 1 <sup>st</sup>	Issued June 1 <sup>st</sup> or later
<p>**The qualifying holder of either type of retail malt beverage (beer) licenses (either the NQ4- -Retail Malt Beverage Drink or the NQ- - Retail Malt Beverage Package license) may add the second license for the reduced licensing fee of \$50.00.</p> <p>**To qualify for batch licensing you must be a business or corporation with more than two licensed premises in Kentucky.</p>		







### Alcoholic Beverage Control License Fee Payment Form

Please submit this form along with a **certified check, cashier's check, or money order** payable to LFUCG to the Division of Revenue Office at 218 East Main St., Lexington, KY 40507. Payments can also be made online at [lexingtonky.gov/abc](http://lexingtonky.gov/abc)

**If you hand deliver this form, you will also have the option to pay in cash.**

Name of Licensee or Company: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

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

Total Fees: \$ \_\_\_\_\_

***Leave blank- For Division of Revenue use only***

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

Account #: \_\_\_\_\_

(Not applicable on Special Temporary licenses)

Amount collected: \$ \_\_\_\_\_

Operator: \_\_\_\_\_





Alcoholic Beverage Control Final Inspections Form

In order to complete our investigation for the issuance of an Alcoholic Beverage Control license, it is necessary that the business location meet certain structural, zoning, and health code requirements. Please submit this form to each of the departments listed below for their inspection and notification that such requirements have been met. This form must be submitted to the local ABC office with your application upon obtaining all the approvals.

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

CHECK ALL LICENSES FOR WHICH YOU ARE APPLYING:

Licensee Name: \_\_\_\_\_

- Quota Retail Drink
Quota Retail Package License
NQ Retail Malt Beverage Package (Packaged Beer)
NQ1 Convention Center or Horse Racetrack
NQ2 Retail Drink
NQ3 Private Club
NQ4 Retail Malt Beverage Drink (Beer by the Drink)
Special Sunday Retail Drink
Brewer or Microbrewery
Caterer's Liquor License
Malt Beverage Distributor or Wholesaler's Distilled Spirits & Wine
Other

DBA: \_\_\_\_\_

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

Lexington, KY \_\_\_\_\_

- 1. Are you applying for a license at a location that is currently licensed? YES NO
2. Is the license being transferred to you? YES NO

THIS SECTION IS TO BE COMPLETED BY EACH DIVISION

DIVISION OF PLANNING

101 E. VINE, 7TH FLOOR Ste 700
PHONE: (859) 258-3160 Fax: (859) 258-3163

Zone \_\_\_\_\_ Approved: YES NO
Allowable use \_\_\_\_\_
Notes: \_\_\_\_\_

Reviewed by: \_\_\_\_\_
Compliance Officer

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

DIVISION OF REVENUE

218 E. MAIN STREET
PHONE: (859) 258-3340 Fax: (859) 258-3379
Transfer: YES NO Account Status: CURRENT NOT CURRENT

Account No. \_\_\_\_\_

Reviewed by: \_\_\_\_\_
Signature of Reviewing Authority

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

FIRE PREVENTION BUREAU

219 E. THIRD STREET
PHONE: (859) 231-5668

Total Occupancy: \_\_\_\_\_ Additional Occupancy Area: \_\_\_\_\_
Notes: \_\_\_\_\_

Inspected/Reviewed by: \_\_\_\_\_
Signature of Inspecting Authority

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

DIVISION OF BUILDING INSPECTION

101 E. VINE, 2nd FLOOR
PHONE: (859) 258-3770 Fax: (859) 258-3780

Building Permit Required: YES NO
Permit Issued Date: \_\_\_\_\_

Inspected/Reviewed by: \_\_\_\_\_
Signature of Inspecting Authority

Certificate of Occupancy Issued Date: \_\_\_\_\_
Notes: \_\_\_\_\_
Date: \_\_\_\_\_

ENVIRONMENTAL HEALTH SERVICES

650 NEWTOWN PIKE
PHONE: (859) 231-9791 Fax: (859) 231-9459

Inspected by: \_\_\_\_\_
Signature of Inspecting Authority

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



## Application Review Process

**Site Inspection** - An inspection of the premises will be conducted by LFUCG ABC personnel after the application packet has been reviewed.

**Processing Time** - It will take 7-10 business days to process a completed application. A license **CANNOT** be issued prior to 30 days past the date of the legal publication. (KRS 243.360)

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## Completed Packet Checklist

Make sure you include the following items in your packet to the local ABC office for review:

- Affidavit of publication and newspaper clipping
- Criminal background check(s) from the approved list provided in this packet
- Articles of incorporation / partnership papers / organizational papers
- Deed / lease / permit
- Lexington ABC Basic License Form
- Fee payment form
- Final Inspection Form
- Diagram / Floor plan
- Photocopy of driver's license / Photo I.D.





### Example of Newspaper Advertisement

Your company name, d/b/a Name hereby declares its intention(s) to apply for a \_\_\_\_\_ license (list all license types applied for) no later than \_\_\_\_\_ (date you intend on submitting the application to ABC). The licensed premises will be located at \_\_\_\_\_ (business address). The sole owner and president is \_\_\_\_\_ (list all owners/officers to show 100% ownership, including a contact address). Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 500 Mero St 2NE33, Frankfort, Kentucky, 40601, within thirty (30) days of the date of legal publication.

#### **\*Example\***

ABC Company, Inc. d/b/a Your Liquor Place hereby declares its intention(s) to apply for a Quota Retail Package license and NQ Retail Malt Beverage Package license no later than September 30, 2019. The licensed premises will be located at 123 Only Street, Somewhere, Kentucky, 40000. The sole owner and president is Sally Smith, 456 Lone Alley, Anywhere, Kentucky, 40001. Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 500 Mero St 2NE33, Frankfort, Kentucky, 40601, within thirty (30) days of the date of legal publication.

