

COMMONWEALTH OF KENTUCKY
Instructions for obtaining a Kentucky *out-of-state* small farm winery license.

REQUIREMENTS:

- a. You must be at least 21 years of age to apply.
- b. You must be a citizen of the US unless you apply as a corporation, LLC, or Ltd. Partnership ownership.
- c. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

- STEP 1. KRS 243.360 requires you to first advertise your intentions to apply for this license once in the legal section of the Kentucky State Journal newspaper located at 1216 Wilkinson Blvd. Frankfort, Ky. 40601. (502) 227-4556. (Example is attached.) An officer of the newspaper must complete the affidavit of publication, which is also attached. The completed affidavit and clipping must be submitted along with your application.
- STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.
- STEP 3. Attach a **certified check, cashier check, or money order payable to Kentucky State Treasurer:**
Licenses issued between July 1st. and December 31st. pay **\$ 50**
Licenses issued between Januarys 1st. to June 30th. Pay **\$ 100**
WE MAY NOT ACCEPT CASH BY MAIL OR HAND DELIVERY!
- STEP 4. Non Ky. residents are responsible for providing a **statewide** police record check from their state(s) of residence for the past five (5) years. If you have not lived in Kentucky for five (5) years, you must obtain a statewide police record check from the state(s) of your residency in for the past (5) years. Web site addresses are attached that will link you to that states' instructions for obtaining your own background check.
- STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation, partnership papers, or organizational papers from the state of your incorporation.
- STEP 7. Under KRS 164.772 Ky. State ABC may deny a license to defaulted student loan borrowers of a Kentucky Higher Education Loan. Therefore, complete the attached Self-Certification Compliance Form enclosed in this packet and return it with your State ABC application.
- STEP 9. Attach a copy of your Federal basic permit and proof of annual production. TTB's federal form 5120.17 may be submitted as proof of production.
- STEP 10. Attach a copy of your license issued by the state where your small farm winery is licensed.

(TIME) Your application will be processed immediately upon receipt of all information listed above.

Mail your application, fee, and attachments to:

<http://abc.ky.gov>

FRANKFORT: Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, KY 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax

NOTE: KRS 244.165(2) Unlawful sale and shipment by out-of-state seller directly to a Kentucky consumer - Permissible shipments of wine into Kentucky by out-of-state small farm wineries. Statute is attached.
KRS 243.155 Business authorized by a small farm winery license. Statute is attached.

Kentucky ABC

How to obtain your state criminal history information

For Non-Kentucky Residents

Revised 08/17/05

Alabama 334-353-1172 www.dps.state.al.us/public/abi/cic.asp

Alaska 907-269-5767 www.dps.state.ak.us/statewide/background/index.asp

Arizona 602-223-2222 www.azdps.gov/reports/fingerprint/faq/default.asp

Arkansas 501-618-8500 www.asp.state.ar.us/demo/criminal/help_p2.php#122

California Please contact our office for information.

Colorado 303-239-4208 <https://www.cbirecordscheck.com>

Connecticut 860-685-8480 www.state.ct.us/dps/spbi.htm

Delaware Please contact our office for information.

Florida 850-410-8109 www.fdle.state.fl.us/CriminalHistory/

Georgia 404-986-5000 www.ganet.org/gbi/crimhist.html

Hawaii 808-587-3100 www.hawaii.gov/hcjdc/form.htm

Idaho 208-884-7130 www.isp.state.id.us/identification/crime_history/index.html

Illinois 815-740-5160 www.isp.state.il.us/crime/uciahome.cfm

Indiana 317-233-2010 www.in.gov/ai/hr/verification.html

Iowa 515-281-4776 www.state.ia.us/government/dps/dci/crimhist.htm

Kansas 785-296-6518 www.accesskansas.org/kbi/criminalhistory/

Louisiana 225-925-6095 www.lsp.org/who_support.html#criminal

Maine 207-624-7240 www.informe.org/PCR/

Maryland 888-795-0011 www.dpscs.state.md.us/publicservs/bgchecks.shtml

Massachusetts 617-660-4600 <http://www.mass.gov/chsb/>

Michigan 517-322-1956 www.michigan.gov/ichat

Minnesota 651-793-2400 www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html

Mississippi Please contact our office for information.

Missouri 573-526-6153 www.mshp.dps.missouri.gov

Montana 406-444-3625 www.doj.state.mt.us/enforcement/backgroundchecks.asp

Nebraska 402-471-4545 www.nsp.state.ne.us/findfile.asp?ID=209

Nevada 775-687-1600 www.nvrepository.state.nv.us/

Kentucky ABC

How to obtain your state criminal history information

For Non-Kentucky Residents

Revised 08/17/05

New Hampshire 603-271-2538 www.state.nh.us/safety/nhsp/cr.html#criminal

New Jersey 609-882-2000 ext 2918 www.state.nj.us/lps/njsp/about/serv_chrc.html#background

New Mexico 505-827-9181 www.dps.nm.org/faq/record_request.htm

New York 518-485-7675 www.criminaljustice.state.ny.us/ojis/recordreview.htm

North Carolina www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1

North Dakota 701-328-5510 www.ag.state.nd.us/bci/chr/chr.html

Ohio 740-845-2375 www.webcheck.ag.state.oh.us

Oklahoma 405-848-6742 <http://www.osbi.state.ok.us/PublicServices.htm>

Oregon http://egov.oregon.gov/osp/ID/does/crim_history.pdf

Pennsylvania 717-783-5494 <http://epatch.state.pa.us/Home.jsp>

Rhode Island 401-274-4400 <http://www.riag.ri.gov/criminal/bci.php>

South Carolina 803-737-9000 www.sled.state.sc.us/default.htm

South Dakota 605-773-3331 dci.sd.gov/administration/id/cch.htm

Tennessee 304-625-5590 www.tbi.state.tn.us/divisions/isd_riu_faqs.htm

Texas 512-424-2079 http://records.txdps.state.tx.us/dps_web/APP_PORTAL/index.aspx

Utah 801-965-4445 bci.utah.gov/Records/RecOwnRecord.html

Vermont 802-244-8727 ext 5237 www.dps.state.vt.us/cjs/recordcheck6.html

Virginia <http://www.vsp.state.va.us/cjis.htm>

Washington watch.wsp.wa.gov/

West Virginia Please contact our office for information.

Wisconsin 608-266-5764 www.doj.state.wi.us/dles/cib/crimback.asp#Q9

Wyoming attorneygeneral.state.wy.us/dci/chc.html

**EXAMPLE OF PUBLIC NOTICE
WHEN APPLYING FOR AN ABC LICENSE**

KRS 243.360 requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the Kentucky State Journal located at 1216 Wilkinson Blvd. Frankfort, KY 40601. (502) 227-4556.

**YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:
(Fill in the blanks)**

_____, Mailing address
(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)

_____ Hereby declares intention(s)
(Include Street, City, State and Zip)

to apply for a **OUT-OF-STATE SMALL FARM WINERY** license(s)

no later than _____, The business to be licensed will be
(Enter the date you intend to send your application to the Ky. State ABC)

located at _____,
(List the **EXACT** street address and city where the ABC license is to be issued) (Zip)

doing business as _____
(List the name of your business (D.B.A.))

The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:

_____, _____ of _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____
Title or position Name Home address, city, state and zip code

_____, _____ of _____

Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)

Forward a clipping of this advertisement along with the Affidavit of Publication to:
Kentucky Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax

Commonwealth of Kentucky
Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

(502) 564-4850 phone
(502) 564-1442 fax

AFFIDAVIT OF PUBLICATION

Attesting Publication of Intention to Engage in an
Alcoholic Beverage Business

**GLUE OR
TAPE
CLIPPING
HERE**

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before the date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license(s) applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

_____ of _____
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is _____
(Title of Position at Paper)

of the _____ a newspaper printed and published in the
(Name of Newspaper)

State of _____ County of _____, and having a general circulation in the County of _____, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): _____

Signature of Officer _____

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by

_____ to me personally known, this _____ day of _____ (year) _____

My Commission expires the _____ day of _____ (year) _____

County of _____ Notary Public _____

***THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION
FOR LICENSING.***

SELF-CERTIFICATION FOR COMPLIANCE WITH

KRS 164.772 Default in repayment obligation under financial assistance program – Professional licensing and certification – Notification.

This form must be completed (signed and dated) by all persons interested in this application, including, but not limited to, officers, partners, and managing members.

If this involves more than one person, make copies in order that each such interested person completes this form.

Certification of Repayment of Educational Financial Assistance

I, _____, am an applicant for a license related to alcohol or alcoholic beverages issued by the Kentucky Office of Alcoholic Beverage Control. I hereby certify that I am not in default of a repayment obligation, such as a student loan repayment, under any financial program administered by the Kentucky Higher Education Assistance Authority (KHEAA).

Signature of applicant

Date

RETURN THIS COMPLETED FORM TO STATE ABC ALONG WITH YOUR APPLICATION

Site I.D. # _____

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502.564.4850 phone
502.564.1442 fax

"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"

Applications may be returned if all questions are not answered completely.

Leave Blank – For ABC Use Only

License # _____ \$ _____ Val. _____ License # _____ \$ _____ Val. _____

License # _____ \$ _____ Val. _____ License# _____ \$ _____ Val. _____

Malt Beverage Administrator's Approval _____ Date _____

Distilled Spirits Administrator's Approval _____ Date _____

(A) 1. Applicant's name(s) or company to be licensed _____
 DBA (Name of Business) _____
 Address of premises to be licensed _____
 City _____ County _____ State _____ 9 digit zip code _____
 Mailing address if different from above _____
 Contact person 8:00 am – 4:30 pm _____ e-mail address _____
 Contact phone _____ Fax _____ Premises phone _____
 List all ABC Schedule(s) you have attached _____ Fee enclosed \$ _____

(B) 2. Tax numbers (must be issued in the applicant's name).
 Ky. Sales & Use Tax # _____
 Ky. Withholding Tax # _____
 Ky. Corporate Tax # _____
 Federal EIN # _____

(C) 3. List all types of licenses you are applying for _____
4. What Month do you want your license(s) to become effective? _____
5. Describe the type of business you will operate and list how you will sell alcoholic beverages. _____
 Check all that apply: Beer: By the drink only, By the package only, Both by the drink and package.
 Wine Distilled Spirits: By the drink only, By the package only, Both by the drink and package.
6. Are you the owner of the real estate where these premises are to be licensed?..... Yes No
 If no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.
 List the name of the owner of the premises real estate _____ Give date lease expires _____

(D) 7. 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 (unless publicly held). Show 100% of the ownership.
If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

Please state in section D7 if this is a publicly held company.

- (E) 8.** Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State?..... Yes
 No
 List the State Incorporated or organized in _____
Attach a copy of your Articles of Incorporation or Articles of Organization.
 If incorporated or organized in another state, attach a Certificate of Authority to do business in Kentucky.
9. Is the entire license fee paid by the applicant and by no other person?..... Yes No
10. Are the premises to be licensed located within an incorporated city or town?..... Yes No
 If yes, list the name of the city or town _____
11. Have you ever been licensed to sell alcoholic beverages?..... Yes No
 If yes, give the name of the state and license number(s) _____
 If in Kentucky, are you transferring this license to a new location?..... Yes No
12. Does anyone named in section D 7 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying?..... Yes No
 If yes, describe the interest(s) _____
13. Has the applicant or any person named in section D 7 been convicted of any felony in the past five (5) years or been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?..... Yes No
 If yes, **you must attach a statement** giving a full explanation, including date(s) of conviction(s).
14. Has a license been suspended or revoked or denied for the premises to be licensed or any person named in section D7 of this Application herein? If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial..... Yes No
15. Are the premises to be licensed and the entrance located on the street level?..... Yes No
 If no, is the business a hotel, club or restaurant?..... Yes No
16. a. Have the premises applied for been licensed to sell alcoholic beverages in the past twelve months?..... Yes No
 b. Are the premises currently licensed?..... Yes
 No
 c. If yes, give the Kentucky License number (s) _____
 d. Is the license being transferred to you?..... Yes
 No
 e. Are you acquiring an interest in the existing business?..... Yes No
 If yes, check all the following boxes that apply to you. Inventory Fixtures and Equipment Ownership by purchase of shares
 Ownership by purchase of assets Leases Other _____

(F) 17. THE SELLER SHOULD COMPLETE THIS SECTION IF ITEM # 16 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.

I (we), Out-of-State Small Farm Wineries skip this section. the seller(s) or owner(s) of the business known
 (Enter the **exact name(s)** that appears on the current license(s))

as _____ located at _____ Kentucky, am the holder of a
 Malt Beverage (beer) Liquor by Drink Liquor by Package _____ (other) license(s). The license number(s) is
 (are) _____. I hereby represent that I have agreed to convey all license privileges (permitted by law) to
 _____. I (we) understand that I (we) **may not** relinquish control of the business,
 (Enter the **exact name(s)** that is applying to become the new licensee)
 premises, or my interest in the licenses until such time as the buyer's application has been approved by the Office of Alcoholic Beverage Control.

Signature of Seller _____ Title _____ Date _____
 (If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)

Sworn or affirmed before me on this _____ day of _____, year of _____. My Commission expires _____

Notary Public _____ County of _____ State of _____
 (Canadian applicants are exempt from this notary requirement)

(G) 18. AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)

I, __ (print your name here) _____, do hereby swear or affirm 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 further agree 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 Office of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

Signature of Buyer or New Applicant _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, year of _____. My Commission expires _____

Notary Public _____ County of _____ State of _____
 (Canadian applicants are exempt from this notary requirement)

**SCHEDULE “M”
MANUFACTURER AND PRODUCER LICENSE**

Site I.D. #

(A). Applicant’s name(s) or company to be licensed _____

D.B.A. (Name of Business) _____

Address of premises to be licensed _____

- (B).
1. Are you applying for a **Microbrewery license**?..... Yes No
If yes, KRS 243.157 limits your production to a maximum of 25,000 barrels per year.
 2. Are you applying for a **Brewer license**?..... Yes No
If yes, KRS 243.400 requires that a \$1,000 surety bond be provided per location.
Is your surety bond attached? (See Bond Example)..... Yes No
 3. Are you applying for a **Brew-on-premises license**? Yes No
If yes, 804 KAR 4:340 requires your premises to be located in a wet territory.
 4. Are you applying for one of the following licenses? (Check the license that applies to you)
 Distiller **Rectifier** **Bottling House** **Vintner**
If yes, KRS 243.400 requires a \$1,000 surety bond be provided per location.
Is your surety bond attached?..... Yes No
 5. Are you a licensed Kentucky Distiller who is applying for a **Souvenir package liquor license**? Yes No
If yes, under KRS 243.0305 will you have a gift shop or other retail outlet at your distillery? Yes No
Are the premises located in wet territory? Yes No
 6. Are you applying for a **Distiller’s sampling license**?..... Yes No
If yes, under KRS 244.050 requires you to be a holder of an active Kentucky Distiller’s License and Souvenir Package Liquor License.
List your Kentucky Distiller’s License Number. _____.
List your Kentucky Souvenir Package Liquor License Number . _____.
 7. Are you applying for a **Blender’s license**?..... Yes No
If yes, KRS 243.140 limits your production to less than 5,000 barrels annually.
 8. Are you applying for a **Small farm winery license** under KRS 243.155? Yes No
 - (a). If yes, how many gallons of wine do you produce annually?..... _____
Attach copies of the report forms filed by the applicant pursuant to 27 C.F.R. 24.300(g), for the prior two years). If you are a new winery list the date you begin production. _____.
 - (b). Have you attached a copy of your Federal (TTB) Alcohol, Tobacco Tax and Trade Bureau license to this application?..... Yes No
 - (c). In what state will you operate your small farm winery? _____ . If not in Ky., attach a copy of your alcohol license from the state your winery is located.
 9. Are you applying for a **Small farm winery off-premises retail outlet license**?..... Yes No
If yes, will your premises be located in wet territory? Yes No
List the address of the small farm winery off-premises retail outlet to be licensed. _____
_____.

(C). KRS 243.360 requires an applicant to first advertise their intention to apply for these licenses in the newspaper. Please use the attached example to assist you with this requirement.

Place your advertisement **once** in the **legal section** of the newspaper having the **largest circulation** for the **county** where your premises will be located. KRS 424.120 and 424.130(1)(b) describes qualified newspapers. **(Small farm winery and small farm winery off-premises retail outlet applicants must advertise in the Kentucky newspaper of highest circulation. (KRS 244.155(1)).**

After your advertisement has appeared in the paper, obtain a clipping from the paper and attach the Affidavit of Publication to your ABC application. The Affidavit of Publication is enclosed and should be completed by an official of the newspaper where the advertisement appeared.

(D).

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my ABC Basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use or and trafficking in alcoholic beverages.

Signature of Applicant _____ Title _____ Date _____

Do not complete this Section (E) if you are applying for a

(E).

Small farm winery license or Small farm winery off-premises retail outlet license.

OBTAIN SIGNATURE OF LOCAL ABC ADMINISTRATOR'S APPROVAL

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC. Take or mail this application schedule, the ABC Basic application, fee and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office in Frankfort, Kentucky.

This certifies that the applicant(s) herein above named have been approved for the types of license applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ Date _____

// City of _____ Administrator (or) the // County of _____ Administrator

(F).

You may now forward this application schedule, the ABC Basic application, all attachments, and your state license fee to:

KENTUCKY OFFICE OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone 502-564-4850

CHECK LIST

Site ID #

1. Have you attached a certified check, cashier check or money order, payable to: Ky. State Treasurer for your License fees and if you are a KY resident you need to attach a *separate check* for your Kentucky Background police record check at @ \$15 per person? **No Cash!**
No Yes

2. Have you answered each question fully and checked the type(s) of license(s) you are applying for?
No Yes

3. Have you signed your application(s) and had your signature notarized?
No Yes

4. Have you attached a certified copy of your newspaper advertisement for this license signed by an officer of the Kentucky State Journal? Yes No

5. Have you attached articles of incorporation, partnership papers, or other? Organizational papers from the state of your incorporation? Yes No

6. Have you attached a copy of your home state's small farm winery license? Yes No

7. Have you attached a copy of your Federal TTB basic permit license and proof of production?
KRS 243.155 requires an out-of-state small farm wineries produce less than 50,000 gallons of wine annually to ship into KY's consumers. Yes No

FORWARDING YOUR APPLICATION TO THE KENTUCKY ABC OFFICE

You may now forward this application schedule, ABC Basic application, all attachments, and your state license fee to:

Commonwealth of Kentucky
Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
Fax (502) 564-1442