

CITY OF PADUCAH

ACKNOWLEDGEMENT BY ABC APPLICANT

I, _____, as an applicant to the City of Paducah (“local ABC Administrator”) do hereby acknowledge that I have been informed of the following preconditions before the City of Paducah will issue its local ABC license:

1. I will have to obtain a valid City of Paducah business license.
2. I will have to make sure that all unpaid property taxes are paid and current on the premises that is to be licensed, whether I own it or am leasing it.
3. The premises that is to be licensed will have to have a valid and issued Certificate of Occupancy.
4. Any nuisance code lien or any other type of lien held by the City of Paducah against the premises to be licensed will have to be paid.
5. I understand that approval by the Commonwealth of Kentucky at the state level **does not constitute approval by the City of Paducah at the local level.**
6. I understand by the City of Paducah signing off on the state license application, the City of Paducah does not waive its right to not issue or withhold issuance of the local license.
7. I understand that I must have a valid City of Paducah local ABC license before I can open my doors and commence operating.
8. I understand that if any of these conditions are not met or the City of Paducah’s ABC license is not issued and I proceed with commencing business anyway, my business is subject to shut down and/or other legal remedies.
9. I understand that I will be required to obtain and submit to the City Clerk’s office a police criminal background check for all persons listed in section C of the Alcoholic Beverage Control Application. Background checks must be submitted from all states where the applicant(s) have resided during the past five (5) years. For Kentucky dial (502) 573-1682 or go to <http://www.courts.ky.gov>.
9. I understand that if I operate a bed and breakfast, I must provide proof that I hold a valid permit under KRS Chapter 219 and have paid all required transient room taxes.

I understand that I am signing this form simply to indicate that I have been made aware of these conditions and concepts.

WHEREFORE, I sign this acknowledgement on the date set forth below.

Applicant Signature

Date

Print Name