

**CITY OF WINCHESTER, KENTUCKY  
BEER AND/OR LIQUOR LICENSE APPLICATION**

**SECTION 1**

NAME OF APPLICANT \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

MANAGER OF BUSINESS \_\_\_\_\_

(IF NEW MANAGER, PLEASE COMPLETE SECTION 2)

**OFFICE USE ONLY**

ACCT# \_\_\_\_\_

LICENSE# \_\_\_\_\_

DATE PAID \_\_\_\_\_

EXPIRES \_\_\_\_\_

AMT PAID \_\_\_\_\_

**COMPLETE AND RETURN THIS RENEWAL NOTICE AND A COPY OF YOUR NEWLY ISSUED STATE  
ALCOHOLIC BEVERAGE LICENSE OR NO LICENSE WILL BE ISSUED.** CITY LICENSES EXPIRE AT SAME  
TIME STATE LICENSES EXPIRE. AFTER THAT DATE A 10% PENALTY WILL BE ADDED PER MONTH. *MAKE  
ALL CHECKS PAYABLE TO: CITY OF WINCHESTER, P O BOX  
4135, WINCHESTER, KY 40392.*

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**SECTION 2**

EACH TIME A BUSINESS CHANGES MANAGERS, A CRIMINAL CHECK MUST BE MADE.

NAME OF MANAGER \_\_\_\_\_

ADDRESS OF NEW MANAGER \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

I DO HEREBY REQUEST THE WINCHESTER POLICE DEPT. TO FURNISH MY INTENDED/OR  
PRESENT EMPLOYER \_\_\_\_\_ WITH A COPY OF ANY CRIMINAL  
RELEASE WHICH THEY MAY HAVE ON RECORD CONCERNING MYSELF AND DO HEREBY  
RELEASE THE POLICE DEPT. OR ANY INDIVIDUAL CONNECTED THEREWITH FROM ALL  
LIABILITY.

DATE \_\_\_\_\_ SIGNATURE OF NEW MANAGER \_\_\_\_\_

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**SECTION 3**

PLEASE LIST ALL DISTRIBUTOR'S NAMES AND ADDRESSES FROM WHOM YOU PURCHASE ALCOHOLIC  
BEVERAGES. IF NEED ADDITIONAL SPACE, PLEASE USE BACK OF FORM OR ATTACH A SEPARATE SHEET.

DISTRIBUTOR'S NAME AND ADDRESS:

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DISTRIBUTOR'S NAME AND ADDRESS:

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