

**CITY OF CARROLLTON
750 CLAY STREET/ P O BOX 156
CARROLLTON, KENTUCKY 41008**

BUSINESS LICENSE APPLICATION

1.) **NAME** _____

- INDIVIDUAL**
- CORPORATION** (DATE ORGANIZED ___/___/___ STATE ___)
- PARTNERSHIP** (LIST NAME & ADDRESSES OF EACH PARTNER):

- OTHER** _____
- SOCIAL SECURITY NO.** _____ / _____ / _____
- FEDERAL I.D. NO.** _____ - _____

2.) **TRADE NAME** _____
(IF DIFFERENT FROM THAT ABOVE IN ITEM # 1)

3.) **ADDRESSES** (PLEASE COMPLETE ALL ADDRESSES APPLICABLE)
(INCLUDE ZIP CODE AND TELEPHONE NUMBERS)

PRINCIPAL BUSINESS _____

_____ **PHONE NO.** _____

RESIDENCE _____
(IF SELF EMPLOYED) _____
_____ **PHONE NO.** _____

MAILING ADDRESS _____
(IF DIFFERENT) _____
_____ **PHONE NO.** _____

EMAIL ADDRESS _____

4.) **NATURE OF BUSINESS:**
(DESCRIBE YOUR BUSINESS AND ITS OPERATION)

**APPLICATION FOR BUSINESS LICENSE FOR "SUNDAY SALES
OF LIQUOR BY THE DRINK / RESTAURANT BY THE DRINK"**

1.) NAME _____

2.) ADDRESS OF BUSINESS:

3.) **MINIMUM SEATING REQUIREMENT OF 100 PEOPLE AT
TABLES FOR DINING**

() PLEASE ATTACH COPY OF FIRE MARSHALL'S CERTIFICATE
OF CAPACITY AS PER KRS 227.300 SAFETY REQUIREMENTS.

4.) **ROOM DIMENSIONS-DRAWING**

() PLEASE ATTACH DRAWING OF PROPOSED DINING AREA
WITH DIMENSIONS
(DIMENSIONS TO BE CONFIRMED BY ZONING OFFICER)

5.) **70% OF GROSS RECEIPTS TO BE FOOD SALES**

() PLEASE ATTACH COPY OF STATE OR FEDERAL FORM
1040/1120S/720/ETC. WITH ANNUAL GROSS SALES RECEIPTS

() ATTACH STATEMENT OF FOOD SALES AND LIQUOR SALES

6.) **RECORDS TO BE MADE AVAILABLE TO CITY ALCOHOLIC
BEVERAGE CONTROL ADMINISTRATOR AT HIS DISCRETION
FOR AN AUDIT.**

SIGNATURE OF APPLICANT

DATE APPLIED

(BELOW FOR OFFICE USE)

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() APPLICANT HAS VALID "LIQUOR BY DRINK" LICENSE

() BUSINESS LICENSE ISSUED: (DATE ___/___/___)

() BUSINESS LICENSE DENIED FOR: _____

SIGNATURE & TITLE

DATE

SUNDAY SALES OF LIQUOR BY DRINK
STATEMENT OF GROSS RECEIPTS
WITH FOOD SALES AND LIQUOR SALES LISTED INDIVIDUALLY

NAME OF BUSINESS: _____

ADDRESS: _____

- | | | | |
|-----------|---|-----------------|--------------------|
| 1. | GROSS RECEIPTS | \$ _____ | <u>100%</u> |
| | <small>(AS REPORTED ON FEDERAL OR STATE FORM
720/720C/1040/1120S, ETC.)</small> | | |
| 2. | FOOD RECEIPTS | \$ _____ | _____ % |
| 3. | LIQUOR RECEIPTS | \$ _____ | _____ % |

PLEASE ATTACH COPY OF STATE OR FEDERAL FORM
1040/1120S/720/ETC. WITH ANNUAL GROSS SALES RECEIPTS

NOTE: SUBJECT TO AUDIT BY CARROLLTON A.B.C. OFFICER

SIGNATURE OF APPLICANT

DATE

REV:03.02.06