

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. _____

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

(FOR OFFICE USE)

-
- ZONE_____** **HISTORIC DESIGN STANDARD DISTRICT**
 - WATERFRONT DISTRICT**
 - RESIDENT (BUSINESS LOCATED IN CITY LIMITS)**
 - NON-RESIDENT (BUSINESS NOT LOCATED IN CITY LIMITS)**
 - BUSINESS LICENSE ISSUED : (DATE ____/____/____)**
 - BUSINESS LICENSE DENIED**

REASONS DENIED: _____

(SIGNATURE & TITLE)

(DATE)

**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)

=====
() **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