



CITY OF ST. MATTHEWS
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
3940 Grandview Ave
Louisville, KY 40207
502-899-2512 phone
502-895-0510 fax
<https://stmatthewsky.gov>

Instructions for Temporary Event Application

General Requirements

- You must be at least 21 years of age.
- You must be a Kentucky resident for the past year unless applying as a corporation, LLC, or Ltd. partnership.
- You must be U.S. citizen unless applying as a corporation, LLC, or Ltd. partnership.
- Individuals, owners, partners, officers, directors or interested parties may not apply if they have been convicted of any felony within the past five years; or convicted of any alcohol or controlled substance related misdemeanor in past two years.
- You must be a non-profit charitable organization.
- If you are a for-profit individual, sole proprietor, company or limited liability company (LLC) or organization, the event must be part of a bona fide civic event or community sponsored event.
- Event must be held in a wet territory. Temporary licenses cannot be obtained for events held in limited wet, moist, or dry territories.

**** Only non-profit organizations can obtain temporary auction licenses ****



CITY OF ST. MATTHEWS
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

3940 Grandview Ave
Louisville, KY 40207
502-899-2512 phone
502-895-0510 fax
<https://stmatthewsky.gov>

How to Apply.

- **1.** Answer all questions on the application.
 - Non-profit charitable organizations must list the top registered officer(s) of the organization, school or church in Section (C) of this application.
 - All privately owned corporations or limited liability companies (LLC) must list all owners in Section (C) of this application, showing 100% ownership.
 - If the corporation or limited liability company (LLC) is owned in part or in full by another corporation (multi-level corporate ownership structure) you must provide the top three highest ranking officers of that company/LLC and their percent ownership on Section (C) or on an attachment to Section (C).
 - If the corporation or limited liability company (LLC) is owned in part or in full by another corporation (multi-level corporate ownership structure) you must provide the top three highest ranking officers of that company/LLC and their percent ownership on Section (C) or on an attachment to Section (C).
- **2.** Pay your application fee(s) by attaching a **certified check, cashier's check, or money order payable to: City of St. Matthews**
- **3.** Multiple points of sale at the same event must apply for and pay a licensing fee for each point of sale.
- **4.** All applicants are responsible for providing a recent copy (no more that 6 months old) of a statewide police criminal background check from all states where you have resided in the pas (5) years. Attached are instructions on how to obtain a statewide criminal background check. For Kentucky dial (800) 928-6381 or go to <http://www.courts.ky.gov>.
 - A non-profit charitable organization, school, or church top registered officer(s) must submit the required criminal background checks.
 - If a privately owned corporation or limited liability company (LLC), you must submit backgrounds on all primary officers and any owner holding more than 10% ownership.
 - If a publicly traded corporation, you must submit backgrounds on each of the top three highest ranking officers of the corporation.
 - If the corporation or limited liability company (LLC) is owned in part or in full by another corporation (multi-level corporate ownership structure), you must provide criminal backgrounds on the top three highest ranking officers of that company/LLC.
- **5.** If applicant is a non-profit charitable organization, attach documentation of your non-profit status and your Federal Tax ID.
- **6.** If applicant is a for-profit entity, attach a copy of your articles of incorporation, partnership papers, or organizational papers
- **7.** Attach a copy of the deed, lease, or permit for the real estate premises where you plan to sell alcohol.
- **8.** If applicant is a for-profit individual, sole proprietor, company or limited liability company (LLC), or organization who is qualifying for this license because the event is a bona fide civic event or community sponsored event, attach written documentary evidence supporting the civic nature of the event and showing local government's knowledge and support of the event. This letter must be provided by either the Mayor's office, or the County Judge Executive's office, depending on if your event is being held in a city or outside of city limits in the county.



CITY OF ST. MATTHEWS
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
3940 Grandview Ave
Louisville, KY 40207
502-899-2512 phone
502-895-0510 fax
<https://stmatthewsky.gov>

SPECIAL TEMPORARY LICENSE APPLICATION

A temporary license may be obtained only if the event is located in a wet territory where retail alcoholic beverage sales are permitted.

SECTION A

Check the type of temporary license(s) for which the applicant is applying:

- ☐ Special Temporary License Distilled Spirits and Wine KRS 243.260 (\$175) ☐ Special Temporary License Malt Beverages (\$12.50)
- ☐ Special Temporary Alcoholic Beverage Auction License KRS 243.036 (\$200)

Name of person(s) or company to be licensed: _____

Name of the special event: _____

Address of premises to be licensed: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing address (if different from above): _____

Contact person: _____ E-mail address: _____

Contact phone: _____

SECTION B

1. Amount of fee enclosed (make certified check, cashier's check, or money order payable to City of St. Matthews): _____
2. Period to be covered by license beginning (month) _____ (day) _____ (year) _____ through
(month) _____ (day) _____ (year) _____
3. What are the date(s) and time(s) of the qualifying event? _____ (cannot exceed 30 days)
4. Does the applicant own the premises where the qualifying event is to take place? ☐ YES ☐ NO
If yes, **attach** a copy of the deed.
If no, **attach** a copy of the lease, permit, or letter of permission to use this property, signed by the applicant and the owner of the premises. List the
premises owner's name and contact information: _____

SECTION C

Complete the following for the business proprietor, partner(s), and all persons having an interest in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. If privately-held, show 100% of the ownership. If publicly-traded, list the three highest ranking officers and any natural person who owns ten (10) percent or more. If a non-profit organization, list the highest ranking top director or officer. **Attach** background checks for those listed below. Attach additional pages as needed.

NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK C= CELL	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OF BIRTH	STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP (if applicable)
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%

SECTION D

- Are the premises to be licensed located within an incorporated city or town? ☐ YES ☐ NO
If yes, state the name of the city or town: _____
- Is the applicant a non-profit organization? ☐ YES ☐ NO
NOTE: Applications by legally recognized for-profit entities, in conjunction with civic or community sponsored events, must **attach** supporting evidence of the civic nature of the event (i.e. promotional materials or news articles evidencing the local government's knowledge and support of the event). (804 KAR 4:250)
- Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity? If yes, Is the entity in good standing with the Kentucky Secretary of State? (**Attach** documentation showing the applicant's good standing). ☐ YES ☐ NO
- Attach** a description of the event. **Attach** copies of any advertising, mailers, invitations or handbills for this event. Include any other information the applicant wishes the state administrators to consider.
Note: An ABC licensed caterer may not cater alcoholic beverages at an event covered by a special temporary license. No free samples of alcoholic beverages may be provided at the event.
All alcoholic beverages for the event must be obtained through a licensed distributor or wholesaler.
- Name of the responsible party/individual who shall be present at the time of event: _____
Contact Phone # _____
- Does the applicant or any person named in Section C have 10% interest or more in any alcohol license type? ☐ YES ☐ NO
(804 KAR 4:015)
If yes, please list or explain _____
- Has the applicant or any person named in Section C been convicted of any felony, been released from felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years? (KRS 243.100(1)(a)) ☐ YES ☐ NO
- Has the applicant or any person named in section C been convicted of a misdemeanor directly or indirectly related to alcohol or controlled substance within the past two (2) years? (KRS 243.100(1)(b) and (c)) ☐ YES ☐ NO

SECTION E

Check the type(s) of license(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type are met.

License types	Licensing Fee
<input type="checkbox"/> Special Temporary License (KRS 243.260 and 804 KAR 4:250). Check the type of alcoholic beverage sales the applicant desires. Some territories do not permit distilled spirit sales. <input type="checkbox"/> Malt Beverage/Beer (\$12.50) <input type="checkbox"/> Distilled Spirits <input type="checkbox"/> Wine <input type="checkbox"/> All	\$175.00 (Except Malt Beverages)
<input type="checkbox"/> Special Temporary Alcoholic Beverage Auction License (KRS 243.036)	\$200.00

ABC ADMINISTRATOR APPROVAL

ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL

I certify that the applicant(s) has been approved for the equivalent local license type(s) applied herein for the identified premises, and that the applicant satisfies all local ordinances.

The premises to be licensed is located in the following **WET PRECINCT**: _____

APPLICANT'S NAME: _____ ADDRESS: _____

Administrator: Please identify whether a special temporary license authorizes distilled spirits drink sales in your locality:

- ☐ Yes. Quota Retail Drink (LD) Licenses are available in this locality
- ☐ No. Special Temporary licenses do not authorize distilled spirits drink sales in this locality.

SIGNATURE OF ABC ADMINISTRATOR: _____

PRINTED NAME OF ABC ADMINISTRATOR: _____

City of St. Matthews Administrator

APPLICANT AFFIDAVIT

I, (print your name here) _____ do hereby swear or affirm under penalty of perjury that all statements contained in this application and any attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear or affirm 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 Kentucky Department of Alcoholic Beverage Control. I hereby swear or affirm that if the license(s) is issued, I shall abide by all state and City of St. Matthews statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

Signature of Applicant: _____ Title: _____ Date: _____



CITY OF ST MATTHEWS
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
 3940 Grandview Ave
 Louisville, KY 40207
 502-899-2512 phone
 502-895-0510 fax
<https://stmatthewsky.gov>

To obtain your criminal history check, call a phone number or visit a website listed below:

Alabama	1-866-740-4762 or 334-517-2470	http://background.alabama.gov/
Alaska	907-269-5767 or 907-269-5640	http://www.dps.state.ak.us/statewide/background/
Arizona	602-223-2222	http://www.azdps.gov/Services/Records/Criminal_History_Records/
Arkansas	501-618-8500	https://www.ark.org/criminal/index.php
California	Please contact our office for information.	http://oag.ca.gov/fingerprints/security
Colorado	303-239-4208	https://www.cbirecordscheck.com/
Connecticut	860-685-8480	http://www.ct.gov/despp/lib/despp/reports_and_records/dps-846-c.pdf
Delaware	Please contact our office for information.	http://dsp.delaware.gov/state_bureau_of_identification.shtml
Florida	850-410-8109	https://web.fdle.state.fl.us/search/app/default
Georgia	404-244-2639	http://gbi.georgia.gov/obtaining-criminal-history-record-information
Hawaii	808-587-3100	https://ecrim.ehawaii.gov/ahewa/
Idaho	208-884-7130	https://www.isp.idaho.gov/BCI/index.html
Illinois	815-740-5160	http://www.isp.state.il.us/crimhistory/chri.cfm
Indiana	317-233-5424	http://www.in.gov/ai/appfiles/isp-lch/
Iowa	515-725-6066	http://www.dps.state.ia.us/DCI/supportoperations/crimhistory/obtain_records.shtml
Kansas	785-296-2454, 785-296-5059, or 800-452-6727	http://www.kansas.gov/kbi/criminalhistory/
Kentucky	800-928-6381 or 502-573-1682	http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx
Louisiana	225-925-6096 or 225-925-6095	https://wwwcfprd.doa.louisiana.gov/LaServices/PublicPages/ServiceDetail.cfm?service_id=3386
Maine	207-624-7240	https://www5.informe.org/online/pcr/
Maryland	410-764-4501 or 888-795-0011	http://www.dpscs.state.md.us/publicservs/bgchecks.shtml

Massachusetts	617-660-4600	http://www.mass.gov/eopss/agencies/dcjis/
Michigan	517-241-0606	http://www.michigan.gov/msp/0,4643,7-123-1878_8311---,00.html
Minnesota	651-793-2400	https://cch.state.mn.us/
Mississippi	Please contact our office for information.	http://www.msdh.state.ms.us/msdhsite/index.cfm/30,0,206.html
Missouri	573-526-6312	https://www.machs.mshp.dps.mo.gov/MACHSFP/home.html
Montana	406-444-3625	https://dojmt.gov/enforcement/background-checks/
Nebraska	402-479-4971	https://www.nebraska.gov/apps-nsp-limited-criminal/
Nevada	775-684-6262	http://gsd.nv.gov/uploadedFiles/gsdnvgov/content/Home/Features/DPS_006_Form112015.pdf
New Hampshire	603-223-3867	http://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/index.html
New Jersey	609-882-2000 ext 2918	http://www.njsp.org/criminal-history-records/index.shtml
New Mexico	505-827-9181	http://www.dps.state.nm.us/index.php/criminal-history-records/
New York	212-428-2943	http://www.criminaljustice.ny.gov/ojis/recordreview.htm
North Carolina	919-890-1000	http://www.nccourts.org/Citizens/GoToCourt/Default.asp?topic=1
North Dakota	701-328-5500	https://www.ag.nd.gov/BCI/CHR/
Ohio	877-224-0043	http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck
Oklahoma	405-848-6724	https://www.ok.gov/osbi/Criminal_History/
Oregon	503-378-5470 or 888-272-5545	http://www.oregon.gov/dhs/business-services/chc/Pages/index.aspx
Pennsylvania	888-783-7972	https://epatch.state.pa.us/Home.jsp
Rhode Island	401-274-4400	http://www.riag.state.ri.us/BCI/index.php
South Carolina	803-737-9000	http://www.sled.state.sc.us/CISystem/Images/Catch/CriminalRecordsCheckForm.pdf
South Dakota	605-773-3331	http://dci.sd.gov/Operations/Identification/BackgroundCheckRequirements/StateOnlyBackgroundCheck.aspx
Tennessee	615-744-4000	https://www.tn.gov/tbi/article/background-checks
Texas	855-481-7070	https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/
Utah	801-965-4445	http://bci.utah.gov/criminal-records/
Vermont	802-241-5157	http://vcic.vermont.gov/ch-information/record-checks
Virginia	804-674-2131	http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtm
Washington	360-534-2000 option 2	http://www.wsp.wa.gov/crime/chrequests.htm
West Virginia	304-746-2235 or 304-746-2498	http://www.wvsp.gov/Pages/default.aspx
Wisconsin	608-266-7314	https://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information
Wyoming	307-777-7181	http://wyomingdci.wyo.gov/dci-criminal-justice-information-systems-section/criminal-records-section