



Shelbyville Police Department

Bruce Gentry
Chief of Police

303 Main Street • Shelbyville, Kentucky 40065
(502) 633-2326 • Fax: (502) 647-9840

Applicant's business / Company Name: _____

DBA (Doing Business As): _____

Address of Premises to be licensed: _____

City: _____ County: _____

Permanent License

Temporary License

Mailing Address if different: _____

Contact Person: _____

Fax: _____ Phone: _____ Alt: _____

Complete the following for the business proprietor, partner(s), and all persons interested 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 this is a publicly-traded company or a non-profit company, list the top three officers and any natural person who owns ten (10%) percent or more interest. Make an attachment if additional space is needed.

Name and Home Address	Contact Numbers	Social Security Number	Title	% of Ownership

Type of License Applied for (See State Application): _____

Type of Business: _____

Supplemental Licenses applied for: _____

Specialty License applied for: _____

Is this an existing business or a current quota ABC license: Yes No

If so a notarized statement from the seller must be attached acknowledging that they relinquish all rights, claims and privileges attached to being a license holder.

Signature: _____ Date: _____

Check list

Filled out State Application:

Criminal Background check on all applicable persons (either through KSP or AOC):

Copy of Newspaper ad:

Copy of Lease if Applicable:

Copy of Articles of Organization:

Copy of City Business License:

Answered and Signed in all applicable spaces: