



**ALCOHOL & BEVERAGE CONTROL**

**City of Danville, Kentucky**

**445 W. Main St. \* P.O. Box 670**

**Danville, Kentucky 40423**

**Phone: (859) 936-6840 Fax: (859) 238-1232**

**Website: [www.danvilleky.org](http://www.danvilleky.org)**

**Bridgette Lester, ABC Administrator [blester@danvilleky.org](mailto:blester@danvilleky.org)**

**REQUEST FOR APPROVAL OF PARTIAL TRANSFER OF OWNERSHIP  
TO MY ORIGINAL CITY LICENSE APPLICATION  
"Transfer of Interest"**

1. Name of licensee: \_\_\_\_\_

DBA: \_\_\_\_\_

Address of Premises: \_\_\_\_\_  
(Street Number) (Street Name) (City) (State)

City ABC License Number (s): \_\_\_\_\_

2. Transfer Fee: \$100 Payment enclosed: \$ \_\_\_\_\_

3. A copy of your "STATE APPLICATION REQUEST FOR APPROVAL OF PARTIAL TRANSFER OF OWNERSHIP TO THE ORIGINAL LICENSE APPLICATION "Transfer of Interest" must be attached to this application.

**Affidavit of person(s) new to the original application listed in #3 of the  
attached State Application shall complete this section.**

4. I (we)\_\_\_\_(print your name(s) here)\_\_\_\_\_, do hereby swear and affirm under penalty of perjury that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I hereby swear and affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been approved by the City of Danville ABC Administrator. I hereby swear and affirm that I shall abide by all state and local statutes, regulation, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that all persons listed in Number 3 of the State ABC application are current on any taxes or fees due to the City of Danville.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

Notary ID# \_\_\_\_\_

**Affidavit of the director, principal officer or manager of the licensee shall complete this section.**

5. I (we) \_\_\_ (print your name(s) here) \_\_\_\_\_, do hereby swear and affirm under penalty of perjury that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I hereby swear and affirm that I shall abide by all state and local statutes, regulation, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that all persons listed in this application and all its attachments are current on any taxes or fees due to the City of Danville.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

Notary ID# \_\_\_\_\_

4. This section is For ABC Use Only

City of Danville  
ABC Administrator Response

This Request for Approval of a Partial Transfer of Ownership has been reviewed and will be made part of your original application on file with the Department.

**Accepted**       **Denied**

\_\_\_\_\_  
ABC Administrator

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_