



CITY ABC LICENSE RENEWAL NOTICE

www.racelandky.org

Mailing Address: _____

Premises Address: _____

License Type(s): _____

License Number(s): _____

Expiration Date: _____

Renewal Fee(s): _____

Total Renewal Fee Due \$

TO AVOID LOSING YOUR RIGHT TO SELL ALCOHOL PLEASE RETURN THE ITEMS LISTED BELOW BY June 30, 2022. YOUR CITY LICENSE **WILL NOT BE ISSUED UNTIL ALL OF THESE ITEMS ARE RECEIVED.**

- This form completed, signed and dated.
- A copy of your State issued alcohol license.
- Annual Amount of food sales _____.
- Updated and completed Server Training List. Please make sure all columns are filled in and signed or licenses will not be renewed. (See enclosed)
- Payment by check or money order made payable to City of Raceland.

Please refer to our City Ordinance (attached) to see if a new application must be completed or an Amendment filed with the ABC Administrator.

Signature _____ Date _____

Print Name _____ Title _____

Contact Phone _____ Contact Email _____

Remit Check or Money Order Payable to:
CITY OF RACELAND
c/o ABC Administrator
711 Chinn St.
Raceland, KY 41169
Questions? 606-836-4522
or email: tbradley@racelandky.org