



**ALCOHOLIC BEVERAGE CONTROL**  
**COMMONWEALTH OF KENTUCKY**  
**DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**  
500 Mero Street 2NE33  
Frankfort, KY 40601  
502-564-4850 phone  
502-564-1442 fax  
<http://abc.ky.gov>

Site ID #

Val \_\_\_\_\_ \$ \_\_\_\_\_  
Val \_\_\_\_\_ \$ \_\_\_\_\_

**BASIC LICENSE APPLICATION**

**LEAVE BLANK - FOR ABC USE ONLY**

License # \_\_\_\_\_ \$ \_\_\_\_\_      License # \_\_\_\_\_ \$ \_\_\_\_\_      License # \_\_\_\_\_ \$ \_\_\_\_\_  
 License # \_\_\_\_\_ \$ \_\_\_\_\_      License # \_\_\_\_\_ \$ \_\_\_\_\_      License # \_\_\_\_\_ \$ \_\_\_\_\_  
 Reviewing Licensing Administrative Specialist: \_\_\_\_\_      Input Date: \_\_\_\_\_      Review Date: \_\_\_\_\_  
 Malt Beverage Administrator's Approval: \_\_\_\_\_      Date: \_\_\_\_\_  
 Distilled Spirits Administrator's Approval: \_\_\_\_\_      Date: \_\_\_\_\_

**SECTION A**

**SECTION B**

Applicant's business/company name: \_\_\_\_\_  
(applicant's name, if sole proprietor)  
 DBA (Doing Business As): \_\_\_\_\_  
 Address of premises to be licensed: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 County: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Mailing address (if different from above): \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Contact phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Premises phone: \_\_\_\_\_ Fee enclosed: \$ \_\_\_\_\_

Tax numbers must be issued in the applicant's name.  
 Ky. Sales & Use Tax # \_\_\_\_\_  
 Ky. Withholding Tax # \_\_\_\_\_  
 Ky. Corporate Tax # \_\_\_\_\_  
 Federal EIN # \_\_\_\_\_

**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, list the highest ranking director or officer. 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	LIST 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			%

SECTION D

1. Is this a publicly-traded company?  YES  NO  
If yes, **attach** the criminal background checks for the three highest ranking officers and any person who owns ten percent (10%) or more interest.  
If no, **attach** the criminal background checks for all persons listed in Section C.
2. Does the applicant have ownership of the premises by lease, permit, management agreement, or land contract for the entire license period?  YES  NO  
**Attach** a legal description of the boundaries of the premises (i.e. drawings, blue prints, a deed, or metes and bounds etc.)
3. Is the applicant a corporation, limited partnership, limited liability company (LLC) or other legally recognized entity?  YES  NO  
If yes:  
a. Identify the state in which the applicant is incorporated or organized: \_\_\_\_\_  
b. **Attach** a copy of the applicant's Certificate of Existence or Certificate of Authority to do business in Kentucky.  
c. Identify and provide the address of the individual who is designated as the process agent to receive legal notifications:  
\_\_\_\_\_
4. Has the applicant or any person listed in Section C ever been licensed to sell alcoholic beverages?  YES  NO  
If yes, check the license type(s) and give the business name and state:  
 Alcohol Producer: \_\_\_\_\_  
 Distributor/Wholesaler: \_\_\_\_\_  
 Retailer: \_\_\_\_\_
5. 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 \_\_\_\_\_
6. 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?  YES  NO  
(KRS 243.100(1)(a))
7. Has the applicant or any person named in Section C been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? (KRS 243.100(1)(b) and (c))  YES  NO
8. Has there ever been a suspension, denial, or revocation of any Kentucky alcoholic beverage license held by the applicant or by any person named in Section C of this application?  YES  NO  
If yes, **attach** a statement giving a full explanation, including dates of suspension, denial, or revocation.
9. Are the premises currently licensed?  YES  NO  
If yes, list the Kentucky License number(s): \_\_\_\_\_  
a. Are the rights of an existing Quota Retail Package license or a Quota Retail Drink license being transferred?  YES  NO  
b. Is the applicant applying for a new Quota Retail Package license or a Quota Retail Drink license?  YES  NO  
c. Is the applicant acquiring an interest in the existing business?  YES  NO
10. Will gasoline and lubricating oil be sold or will motor vehicles be serviced or repaired at the premises to be licensed?  YES  NO  
(KRS 243.088)  
If yes, will an inventory of not less than \$5,000 in food, groceries, and related products be maintained?  YES  NO
11. Will tobacco products, alternative nicotine products, or vapor products be sold at the premises to be licensed?  YES  NO  
(KRS 438.305)  
If yes, check all products that will be sold:  
 Tobacco products       Alternative nicotine products       Vapor products

## SECTION E

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

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<b>RETAIL</b>		
<input type="checkbox"/> <b>Quota Retail Package License</b> (KRS 243.230, KRS 243.240, 804 KAR 9:040)	<b>\$570</b>	<b>\$285</b>
<input type="checkbox"/> <b>Quota Retail Drink License</b> (KRS 243.230, 804 KAR 9:050)	<b>\$620</b>	<b>\$310</b>
<input type="checkbox"/> <b>NQ Retail Malt Beverage Package License</b> (KRS 243.280)	<b>\$210</b>  If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$260: \$210 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Beverage License.	<b>\$105</b>
<input type="checkbox"/> <b>NQ4 Retail Malt Beverage Drink License</b> (KRS 243.088)	<b>\$210</b>  If applying for both an NQ Retail Malt Beverage Package License and an NQ-4 Retail Malt Beverage Drink License, the total license fee for a full year for both is \$260: \$210 for a primary NQ Malt Beverage License and \$50 discounted fee to add the secondary NQ Malt Beverage License.	<b>\$105</b>
<input type="checkbox"/> <b>NQ1 Retail Drink License</b> (KRS 243.082)  <input type="checkbox"/> Convention Center - Premises capacity of at least 1,000 persons  <input type="checkbox"/> Horse Track - Premises located at a track licensed by the Kentucky Horse Racing Commission (KRS 243.265). <b>Attach</b> a copy of the racing license.  <input type="checkbox"/> Automobile Race Track - Premises seating capacity of at least 30,000 persons.  <input type="checkbox"/> Air or Rail System - Commercial airline system or railroad company that sells alcohol to passengers on scheduled or chartered trips. <b>Attach</b> a copy of the listing of the air or rail terminals used and the locations of the storage areas.  <input type="checkbox"/> State Park - 9-hole or 18-hole golf course, or full service lodge and dining room.	<b>\$4,120</b>	<b>\$2,060</b>
<input type="checkbox"/> <b>NQ2 Retail Drink License</b> (KRS 243.084)  <input type="checkbox"/> Restaurant - Minimum 50% of gross annual income from food sales.  <input type="checkbox"/> Motel/Hotel - Minimum 50 sleeping rooms and maintain a restaurant with 50% food sales.  <input type="checkbox"/> Airport - Premises located in a commercial airport through which more than 500,000 passengers arrive or depart annually.  <input type="checkbox"/> Riverboat - <b>Attach</b> a copy of the applicant's permit issued by the United States Coast Guard authorizing the applicant's Riverboat to carry 100 or more passengers.  <input type="checkbox"/> Distillery - Must be located in wet territory or distillery moist territory and all employees who will be involved in sales/service must be STAR trained within thirty (30) days of beginning employment.	<b>\$830</b>	<b>\$415</b>

**SECTION E (Continued)**

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<input type="checkbox"/> <b>NQ3 Retail Drink License</b> (KRS 243.086)  <input type="checkbox"/> Private Club - Nonprofit charitable, civic, social, fraternal organization, or political club which has maintained a room from which the general public has been excluded for at least one (1) year. <b>Attach</b> documentary evidence of the applicant's non-profit status.  <input type="checkbox"/> Dining Car - Railroad or Pullman car company that sells alcohol by package or drink on a train.  <input type="checkbox"/> Bed and breakfast – Must be located in wet territory and may only sell to registered overnight guests. <b>Attach</b> Permit to Operate (902 KAR 45:006)	<b>\$310</b>	<b>\$155</b>
<input type="checkbox"/> <b>Limited Restaurant License</b> LR100 or LR50 (KRS 241.010, KRS 242.1244, KRS 243.034)  <input type="checkbox"/> LR100 - Minimum 70% food sales and minimum seating capacity of 100 persons at tables.  <input type="checkbox"/> LR50 - Minimum 70% food sales and minimum seating capacity of 50 persons at tables.	<b>\$780</b>	<b>\$390</b>
<input type="checkbox"/> <b>Limited Golf Course License</b> (KRS 243.038, KRS 243.039) 9-hole or 18-hole USGA regulation golf course.	<b>\$720</b>	<b>\$360</b>
<input type="checkbox"/> <b>Qualified Historic Site License</b> (KRS 241.010, KRS 243.042)	<b>\$1,030</b>	<b>\$515</b>
<input type="checkbox"/> <b>Caterer's License</b> (KRS 241.010, KRS 243.033) Premises contains commissary (kitchen) and applicant holds food service permit. <b>Attach</b> a copy of the Food Service Permit issued by the local health department.	<b>\$830</b>	<b>\$415</b>
<input type="checkbox"/> <b>Transitional Malt Beverage License</b> (KRS 243.045) Are you purchasing the existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• If any outstanding tax liabilities or wholesaler debts are owed on the business, no permanent alcohol license shall be issued by the Department until such debts are paid.</li> </ul> Initial here: _____	<b>\$60</b>	<b>N/A</b>
<input type="checkbox"/> <b>Transitional Distilled Spirits and Wine License</b> (KRS 243.045) Are you purchasing the existing business?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• If any outstanding tax liabilities or wholesaler debts are owed on the business, no permanent alcohol license shall be issued by the Department until such debts are paid.</li> </ul> Initial here: _____	<b>\$60</b>	<b>N/A</b>

**SECTION E (Continued)**

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
PRODUCER/SUPPLIER		
<input type="checkbox"/> <b>Distiller's License - Class A [more than 50,000 gallons produced annually]</b> (KRS 243.120, KRS 243.130, 804 KAR 4:240)  Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year  <u>Attach a copy of the Federal Basic Permit.</u>	\$3,090   \$6,180	\$1,545
<input type="checkbox"/> <b>Distiller's License - Class B [less than 50,000 gallons produced annually]</b> (KRS 243.120, KRS 243.130, 804 KAR 4:240)  Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year  <u>Attach a copy of the Federal Basic Permit.</u> <u>Attach the most recent Federal Monthly Report of Production Operations form if available (TTB F 5110.40).</u>	\$1,000   \$2,000	\$500
<input type="checkbox"/> <b>Rectifier's License - Class A [more than 50,000 gallons rectified annually]</b> (KRS 243.120, KRS 243.130, 804 KAR 4:240)  Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year  <u>Attach a copy of the Federal Basic Permit.</u>	\$2,580   \$5,160	\$1,290
<input type="checkbox"/> <b>Rectifier's License - Class B [ less than 50,000 gallons rectified annually]</b> (KRS 243.120, KRS 243.130,804 KAR 4:240)  Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year  <u>Attach a copy of the Federal Basic Permit.</u> <u>Attach the most recent Federal Monthly Report of Processing Operations form if available (TTB F 5110.28).</u>	\$825   \$1,650	\$412
<input type="checkbox"/> <b>Winery License (KRS 243.120, KRS 243.130, 804 KAR 4:240)</b>  Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year  <u>Attach a copy of the Federal Basic Permit.</u>	\$1,030   \$2,060	\$515
<input type="checkbox"/> <b>Small Farm Winery License [250-100,000 gallons produced annually] (KRS 243.155)</b>  Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year  <u>Attach a copy of the Federal Basic Permit.</u> If already licensed in another state, <u>attach a copy of the license from applicable state(s).</u> <u>Attach the most recent Federal Report of Wine Premises Operation form if available. (TTB F 5120.17)</u> For Brandy, <u>attach the most recent Federal Monthly Report of Production Operations form if available (TTB F 5110.40).</u>	\$110   \$220	\$55
<input type="checkbox"/> <b>Brewer's License(KRS 243.150, KRS 244.606)</b>  Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year  <u>Attach a copy of the Federal Basic Permit.</u>	\$2,580   \$5,160	\$1,290

**SECTION E (Continued)**

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<input type="checkbox"/> <b>Microbrewery License [not to exceed 50,000 barrels produced annually]</b> (KRS 243.157, KRS 244.606) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year  <b>Attach a copy of the Federal Basic Permit.</b> <b>Attach the most recent Federal Brewer's Report of Operations form if available. (TTB F 5130.9).</b>	\$520  \$1,040	\$260
<b>DISTRIBUTION/ WHOLESALE</b>		
<input type="checkbox"/> <b>Wholesaler's License</b> (KRS 243.160, KRS 243.170) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <b>Attach a copy of the Federal Basic Permit.</b>	\$2,060  \$4,120	\$1,030
<input type="checkbox"/> <b>Distributor's License</b> (KRS 243.180, KRS 244.606) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <b>Attach a copy of the Federal Basic Permit.</b>	\$520  \$1,040	\$260
<input type="checkbox"/> <b>Small Farm Winery Wholesaler's License</b> (KRS 243.154, 804 KAR 4:240) Check the appropriate box for license term: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <b>Attach a copy of the Federal Basic Permit.</b>	\$110  \$220	\$55
<b>STORAGE</b>		
<input type="checkbox"/> <b>Malt Beverage Storage License</b> (KRS 243.353) Specify the required business type: <input type="checkbox"/> Producer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer	\$260	\$130
<input type="checkbox"/> <b>Distilled Spirits and Wine Storage License</b> (KRS 243.355) <input type="checkbox"/> Bonded Warehouse Storage <b>Attach Federal Basic Permit</b> <input type="checkbox"/> Retail Package License	\$620	\$310
<input type="checkbox"/> <b>Bottling House or Bottling House Storage License</b> (KRS 243.035)  <b>Attach a copy of the Federal Basic Permit.</b>	\$1,030	\$515
<b>ADDITIONAL LICENSES</b>		
<input type="checkbox"/> <b>Supplemental Bar License Fees</b> are required for the first five. (KRS 243.037, KRS 241.010)  Check the required primary license type:		
<input type="checkbox"/> Limited Restaurant	\$780	\$390
<input type="checkbox"/> Limited Golf Course	\$720	\$360
<input type="checkbox"/> Quota Retail Drink	\$620	\$310
<input type="checkbox"/> NQ-2 Retail Drink	\$830	\$415
<input type="checkbox"/> NQ-3 Retail Drink	\$310	\$155
For how many Supplemental Licenses is the applicant applying?  _____		

**SECTION E (Continued)**

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
<b>ADDITIONAL LICENSES</b>		
<input type="checkbox"/> <b>Sampling License (KRS 243.0307)</b> Select the required primary license type: <input type="checkbox"/> Distillery <input type="checkbox"/> Quota Retail Package <input type="checkbox"/> Quota Retail Drink <input type="checkbox"/> NQ-1 Retail Drink <input type="checkbox"/> NQ-2 Retail Drink	\$110	\$55
<input type="checkbox"/> <b>Special Sunday Retail Drink License</b> Available <b>only if authorized</b> by local ordinance or election. (KRS 244.290, KRS 244.295)	\$520	\$260
<input type="checkbox"/> <b>Extended Hours Supplemental License</b> Available only to NQ-1 Retail Drink and Qualified Historic Site licensees and licensees located within a commercial airport (KRS 243.050, 804 KAR 4:230)	\$2,060	\$1,030
<input type="checkbox"/> <b>Small Farm Winery Off-Premises Retail License (KRS 243.155)</b> Kentucky Small Farm Winery license number: _____	\$30	\$15
<input type="checkbox"/> <b>Hotel In-Room License (KRS 243.055)</b>	\$210	\$105
<b>SPECIALTY LICENSES</b>		
<input type="checkbox"/> <b>Entertainment Destination Center License (804 KAR 4:370)</b>	\$7,730	\$3,865
<input type="checkbox"/> <b>Special Nonbeverage Alcohol License (KRS 243.320)</b>	\$60	\$30
<input type="checkbox"/> <b>Authorized Public Consumption License (KRS 243.089)</b> <u>Attach</u> copy of the local permit. <u>Attach</u> proof of general liability insurance.	\$250	\$125

**SECTION F**

1. List all types of licenses applied for in Section E: \_\_\_\_\_

2. Describe in detail the type of business and how alcoholic beverages will be sold: \_\_\_\_\_

\_\_\_\_\_

**SELLER VERIFICATION**

**Applicable only if the applicant is buying an existing business.**

If the applicant is buying an existing business, then the seller must complete and sign this section.

I (we), \_\_\_\_\_, hereby swear or affirm that I am the owner or  
(print full name)

authorized officer of \_\_\_\_\_ that holds the following state license(s), the numbers of which are listed here:  
(name of business)

\_\_\_\_\_. The business is located at \_\_\_\_\_  
(business address)

My contact information is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street address) (city) (county) (state) (zip)

\_\_\_\_\_  
(phone number) (fax number) (email address)

I (we) hereby surrender said license(s) and in doing so relinquish all rights and claims thereto and all privileges thereunder. I understand that if a license transfer is not approved, said license surrender shall be void and the license shall remain in the seller's name.

Signature of Seller(s): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(If a partnership, all partners must sign. If a corporation, only one officer must sign.)

**LOCAL ABC ADMINISTRATOR APPROVAL**

**Applicant must complete this section if an equivalent local license is required**

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

The premises to be licensed is located in the following WET/ MOIST PRECINCT: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SIGNATURE OF LOCAL ABC ADMINISTRATOR : \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF LOCAL ABC ADMINISTRATOR : \_\_\_\_\_

City of \_\_\_\_\_ Administrator OR County of \_\_\_\_\_ 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 local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear or affirm that no persons listed in Section (C) of this application are in default of a repayment obligation under any financial program administered by Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## CHECK LIST

1. Have you included a completed Credit/Debit Payment Form or a certified check, cashier's check, business check, or money order for license(s) fees made payable to the "Kentucky State Treasurer"?  
No cash will be accepted.
2. Have you answered each question fully and checked the type(s) of license(s) for which you are applying?
3. Have you signed your application(s) ?
4. When applicable, has the seller signed the application?
5. Have you attached a copy of the newspaper advertisement for this license?
6. Have you attached a copy of the necessary criminal background check(s) from the state(s) where you have resided in the past five years?
7. Have you secured the signature of approval from the local ABC Administrator on this application (if applicable)?   
Visit <http://abc.ky.gov> for a list of Local ABC Administrators in your area.
8. Have you reviewed your application to ensure there are no errors, missing information and/or responses?
9. Have all additional required documents been attached?



COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL  
500 Mero Street 2NE33  
Frankfort, KY 40601  
502-564-4850 phone  
502-564-1442 fax  
<http://abc.ky.gov>

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

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

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