

HENRY COUNTY, KENTUCKY
TRANSFER OF OWNERSHIP INTEREST APPLICATION

Henry County Judge Executives Office
Ed Nelson, Henry County ABC Administrator
19 South Property Road, PO Box 202 New Castle, KY 40050
(502) 845-2822 or 845-5707 Fax: (502) 845-5743

SECTION I

Name of licensee: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Transfer of Ownership Fee: **\$100.00**

SECTION II

The following information will be required concerning any **new** director, officer, or person securing any interest in alcoholic beverage license:

Name and address of new person acquiring an interest: _____

List All Phone Numbers: Home _____ Work _____ Cell _____

Nature of Interest: _____

US Citizen: YES _____ NO _____ Date of Birth: _____

Date residence was established in KY: _____

Date residence was established in Henry County: _____

Do you have any interest in any other license or corporation or partnership holding a license under this act? _____

Do you have any interest in any license or corporation or partnership holding a license in any other state or province? _____

Acquiring what percent of stock ownership: _____

To transfer the state license, you will need to follow the directions at this link: <https://abc.ky.gov/>

SECTION III

Affidavit (signed in the presence of a Notary Public)

I, _____, do hereby solemnly swear or affirm that I am aware that my State application is incorporated and made a part of this application, and that the answers contained therein plus the questions responded to above are true and correct to the best of my knowledge, information and belief. I further understand that in accordance with the Alcoholic Beverage Control Henry County Ordinance NO. _____, I hereby consent to the authority of the Alcoholic Beverage Control Administrator and designated investigators for: (a) inspections and searches of the licensed premises listed above; (b) confiscation of articles found on said licensed premises in violation of any ordinance or statute; and (c) emergency temporary closure of the licensed premises if the public health, safety, morals and welfare is threatened by multiple violations of any ordinance or statute involving disturbance of the peace or public disorder during the course of one day's operation of the licensed premises.

Date of Application: _____

Signature of Applicant: _____

Applicant's Title: _____

**COMMONWEALTH OF KENTUCKY)
STATE AT LARGE)**

This is to certify that the foregoing document was subscribed and sworn to before me the

_____ day of _____, _____.

NOTARY PUBLIC

My Commission expires: _____

Section IV (FOR ADMINISTRATOR USE ONLY)

This application is **APPROVED/DENIED:** _____ Date: _____

Ed Nelson, Henry County ABC Administrator