

**Alcohol, Food & Beverage License Application
City of Shepherdsville**

Visit us on the web at:
www.shepherdsville.net

PLEASE RETURN THIS FORM TO:

City of Shepherdsville
Att: Business License Dept.
P.O. Box 400
Shepherdsville, KY 40165

Business Name:

(Last Name, First Name – if Sole Proprietorship)

Contact Name: _____ Contact Phone: _____

Doing Business as (D.B.A.): _____
(if different from BUSINESS NAME above)

BUSINESS ENTITY TYPE:

___ Sole Proprietorship/Single Member LLC *S.S. # _____ - _____ - _____

___ Partnership ___ Corporation ___ S-Corporation ___ LLC ___ Non-Profit Corp. (501 C3)

*FEIN # _____ - _____ - _____

PRIMARY BUSINESS LOCATION ADDRESS – No P.O. Box Numbers:

BUSINESS MAILING ADDRESS: _____
(If different then primary business location)

BUSINESS DESCRIPTION: _____ BUSINESS PHONE _____

Please check the following of which you will be selling:

Malt Beverage/Beer \$200 _____ Wine \$400 _____ Liquor By The Drink \$500 _____ Packaged Liquor \$400 _____

Distributing/Servicing/Operating coin/amusement machines \$10 per machine ___ If yes, how many _____

You MUST have a separate license for each of the following listed above, along with your Business License also. Before the City of Shepherdsville can issue a license we MUST have a copy of your state license in hand with your application. Should you have any questions you may contact Tammy Owen at 502-543-2923.

Will you be serving Food? _____ If yes, Ordinance No. 001-520 requires each business that is selling food and or beverages to collect an additional 2% tax of its gross sales and remit to the City of Shepherdsville monthly. The owner/operator of the business entity shall remit payment with the correct form to us by the 20th of the following month. Should you have any questions contact Brenda Taylor at 502-543-2923.

Office use only: Account Number: _____ Amount Pd _____ Cash or Check# _____

Signature of Applicant or Authorized Representative

Title

Date