



**COMMONWEALTH OF KENTUCKY**  
**DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502-564-4850 phone  
502-564-1442 fax  
<http://abc.ky.gov>

**AFFIDAVIT OF NON-TRANSFER**

I, \_\_\_\_\_, do hereby swear or affirm under penalty of perjury that there has been no purchase or transfer of any ownership interest in a license(s) or business previously issued to \_\_\_\_\_, for which an application has been filed with the Kentucky Department of Alcoholic Beverage Control.

I, further state that there has been no purchase or transfer of any part of the fixtures, materials, supplies, merchandise, or other inventory of the license(s) known as \_\_\_\_\_ (Kentucky ABC License number(s)).

X \_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Contact Phone Number

Subscribed to and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

X \_\_\_\_\_  
Notary Public

KY State at Large       County of \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Notary ID# \_\_\_\_\_