



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 OWNERSHIP

Complete the following for all business proprietors, partners, and persons interested in the business. List all owners, officers, directors, partners, managing members, members, and shareholders.

Show 100% of the ownership. Make an attachment if additional space is needed.

Complete Name and Address	All Phone Numbers H = Home W = Work F = Fax O = Other	Social Security Number	Date of Birth MM - DD - YYYY	Title or Nature of Interest in this Business	USA Citizen Yes / No	List dates and states where person(s) resided in past 5 years	Percent of Owner- ship
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%

WARNING: False representations or failure to list all interested parties may result in denial or revocation of your license and be criminally punishable.

I, (Name) _____, (Title) _____ of (Business or Corporate Name) _____
hereby swear and affirm under penalty of perjury that all statements and information given are true and correct to the best of my knowledge, information, and belief.

Printed name of person signing this affidavit _____ Signature of Affiant _____

Subscribed and sworn before me this ____ day of _____, _____ at (City) _____, (State) _____

Notary Public _____

My commission expires _____ Notary ID# _____