



**ABC
ADMINISTRATOR**

LA GRANGE POLICE DEPARTMENT

121 W Main Street
La Grange, KY 40031



(502) 225-0444
Fax (502) 225-9783
www.lagrangepolice.com

CITY OF LA GRANGE LICENSE RENEWAL AND FEES

**PLEASE NOTE: Form must be completed in its entirety and notarized.
MAKE PAYABLE TO: City of LaGrange**

PREMISES ADDRESS

SITE ID#: _____

LICENSE(S) TYPE:

- ☐ LIMITED RESTAURANT - \$780.00
☐ SPECIAL SUNDAY - \$520.00

RENEWAL FEES: _____

Enter your gross annual receipts for the past 12 months below and attach supporting documentation:

ALCOHOLIC BEVERAGE SALES: \$ _____ = _____ %
FOOD SALES: \$ _____ = _____ %
TOTAL: \$ _____

*Have there been any changes in the past year which would require a new application or has anyone who has an interest in the license(s) been convicted of a Misdemeanor directly or indirectly related to alcoholic beverages or controlled substances or any type of Felony since this license was last renewed? ☐ **Yes** (Attach a full detailed statement.) ☐ **No**

I hereby swear and affirm that the above statements are true and my last application on file with the City of La Grange is incorporated and made part of this application.

SIGNATURE OF LICENSEE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

EMAIL ADDRESS: _____

PHONE/EXT: _____ FAX: _____

Sworn to and subscribed before me on this _____ day of _____, in the year of _____

SIGNATURE OF NOTARY PUBLIC _____

My Commission Expires: _____ County of: _____ State of: _____