



ABC  
ADMINISTRATOR

# LA GRANGE POLICE DEPARTMENT

121 W Main Street  
La Grange, KY 40031



(502) 225-0444  
Fax (502) 225-9783  
[www.lagrangepolice.com](http://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:**

- ☐ NONQUOTA TYPE 2 (NQ2) - \$830.00  
☐ 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: \_\_\_\_\_