



City of Russell Springs
Office of Alcoholic Beverage Control

City of Russell Springs
Jeremy Coffey, ABC Administrator
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Affidavit/Waiver of Applicant:

I, _____, the named individual, authorized agent, or corporate officer with authority to sign on behalf of the corporation as listed in Section I of this application, do hereby solemnly affirm that I am aware that my Kentucky State ABC application(s) is or will be incorporated and made a part of this application in full by reference herein, and that the answers contained in said application(s), as well as in this City Application, are true and correct to the best of my knowledge, information, and belief, and that this City Application will also be provided to the Kentucky ABC.

I further confirm that upon signing below, a copy of the City of Russell Springs Alcoholic Beverage Control Ordinance No. 16-02 has been provided to me in electronic format or print.

I further confirm that I will not allow anyone to erect a sign or banner on the licensed property or building that advertises any specific brand of alcoholic beverage.

I further confirm that I will require proper identification in order to purchase alcoholic beverages.

I hereby give permission for the City of Russell Springs Alcohol Beverage Control Administrator and its representatives to obtain information relating to my potential criminal history record.

And finally, that I hereby consent to the authority of the local Alcoholic Beverage Control Administrator, and any other delegated and authorized agent of the City of Russell Springs, including the Russell Springs Police Department, for entry upon the subject premise(s) for purposes including, but not limited to, the following:

- (a) Inspections and searches of the licensed premise(s) for which this application applies.
- (b) Confiscation of articles found on said licensed premise(s) which violate(s) any local Ordinance or state Statute; and
- (c) Emergency and/or temporary closure of the licensed premise(s) if there is reasonable suspicion by the City, or any agent thereof, that the public health, safety, morals and welfare of the citizens is threatened due to multiple violations of any Ordinance or state Statute, including, but not limited to, laws/regulations regarding disturbance of the peace and public disorder, which the City, or any agent thereof, believes to have occurred during any one day period of operation of the licensed premise(s).

Date: _____

Signature of Applicant: _____

COMMONWEALTH OF KENTUCKY
STATE AT LARGE
COUNTY OF _____

This is to certify that the foregoing document was subscribed and sworn to before me this the _____ day of _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____

Internal Use Only:

Approved: _____
City of Russell Springs
Alcoholic Beverage Control Administrator

Date