



***City of Russell Springs***  
**Office of Alcoholic Beverage Control**

**Verification of Building Code Compliance**

**City of Russell Springs**  
**Jeramy Coffey, ABC Administrator**  
**Mailing: P.O. Box 247**  
**Physical: 487 Main Street, Russell Springs, KY 42642**  
**E-Mail: jcoffey@russellsprings.net**  
**Phone: 270-866-3981**  
**Fax: 270-866-3860**

**SECTION I:**

Name of Applicant: \_\_\_\_\_  
*If incorporated, please state the Name and State of Incorporation:* \_\_\_\_\_  
List any D/B/A names: \_\_\_\_\_  
Premise Address: \_\_\_\_\_  
Mailing/Registered Agent Address: \_\_\_\_\_  
Premise Phone No.: ( ) \_\_\_\_\_ Contact Phone No.: ( ) \_\_\_\_\_  
Fax No: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

**SECTION II:**

*The remainder of this form must be completed by the state and/or local City Building Inspector before submitting your application to the City's Office of Alcoholic Beverage Control.*

This is to affirm to the best of my knowledge, and in my official capacity as \_\_\_\_\_, that the above stated premise(s) meets all applicable local and state law requirements regarding building codes and enforcement.

Premise Maximum Capacity: \_\_\_\_\_

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Building Inspector, \_\_\_\_\_(Agency)