



City of Russell Springs
Office of Alcoholic Beverage Control

Verification of Food Service Compliance

City of Russell Springs
Jeremy Coffey, ABC Administrator
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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 Russell County Health Department, Jamestown, Kentucky, or other required or state authorized agency, 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) and/or Applicant(s) listed above has obtained all permits necessary in order to comply with the Kentucky Food Service Establishment Act, and any other required local or state retail and/or food code requirements prior to commencing operation.

Signed this the _____ day of _____, 20____.

Authorized Agent of the Russell County Health Department