



City of Russell Springs
Office of Alcoholic Beverage Control

Verification of City Tax Compliance

City of Russell Springs
Jeramy Coffey, ABC Administrator
Mailing: P.O. Box 247
Physical: 487 Main Street, Russell Springs, KY 42642
E-Mail: jcofey@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 City Clerk 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 applicant and/or the subject premises is current on all city taxes owed personally and in all businesses associated with in whole or by partnership, as well as, have obtained all property business licenses from the City of Russell Springs.

Signed this the _____ day of _____, 20____.

City of Russell Springs City Clerk/Deputy City Clerk