City of Hartford
Temporary Event Application
Alcoholic Beverage License

Applicant's Name(s): _____

Name of Event: _____

Location of Event: _____

Date of Event: _____

Mailing Address: _____

Business Phone Number: _____ Fax Number: _____

Contact Person: _____ Cell Phone Number: _____

Contact Email: _____

Type of License Applying for:	Check One	
Special Temporary License, per event	☐	$166.66
Special Temporary Alcohol Auction License, per event	☐	$100.00

REMINDER: Temporary license will only be issued in conjunction with organized charitable, civic or community sponsored events, i.e. fairs and festivals. Holidays such as Christmas, Easter, and Lent are not considered events. Therefore, temporary licenses will not be issued for holiday seasons. Applicants must obtain temporary licenses for each qualifying event being conducted during a holiday season.

Attach a copy of the States "Temporary Event Application" with attachments. Make checks payable to the City of Hartford.

I understand that a Regulatory Fee of 5% on all gross sales of alcohol is imposed and that I will receive a credit for the base fee of my City license cost. This regulatory fee shall be the larger of the base fee or 5% of all alcohol sales.

I further acknowledge and understand that the City of Hartford has a mandatory training provision in its ordinance that requires all persons involved in the serving of alcoholic beverages by the drink shall participate in and complete a responsible beverage service training program within thirty (30) days in which the person first becomes subject to training. I certify that this requirement is being or will be met.

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I understand I may not begin to operate with alcohol activity until a license(s) has been issued. I further swear or affirm I shall abide by all state and local statues, regulations and ordinances relating to the sale, use or trafficking in alcoholic beverages. I hereby authorize the release of Police and/or Criminal records to the City of Hartford ABC Administrator.

_____ _____

Date Applicant's Signature

Remit Check or Money Order Payable to:
City of Hartford
c/o ABC Administrator
116 East Washington Street
Hartford, KY 42347
(270) 298-3612