Fleming County, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE Quota Package Application Questionnaire

To be completed by applicants For Quota Retail Package License

Applicant's business/company name:
Business Model: Briefly describe your business model.
Ownership: Fleming County places great value on business owners who are invested in the Fleming County community; examples: sponsorships, civic service, property investments, or any other engagement in the Fleming County community. Please list your owners, principals, investors with name & address. List local affiliations, if any.
Economic Impact: Describe your anticipated economic impact on the community: number of jobs, payroll, property investment and revenues to the city, etc.
Site Description: What is the address of your proposed location? Fleming County is interested in serving all geographic areas of the county. Therefore, the County wishes not to cluster all licenses in one area. Describe your proposed location. Include a sketch or plat of your proposed site, including streets, lot size and adjacent property owners or businesses; ownership or lease arrangements; proximity to schools, churches or government buildings. Include a safety plan and how you will mitigate any traffic congestion. Does this application reflect compliance with the local zoning ordinance?

Check all that apply: \square New Construction \square Existing building/non hist Register or in a historic district)	oric \square Existing Building/historic (listed on the National
Aesthetics: Fleming County is inherently committed to protecting the envision the site and building will look like? What or how does your de	
Capital: Fleming County values businesses that demonstrate their ability our plan for capitalizing your business and how will you sustain this log from applicant &/or investors; proof by letter of financing approval or and lawsuits in which you or your partners are named or engaged.	ong term? Evidence should include proof of equity investment
Experience: Include your business, retail and educational experience t establishment. Define your specific business objectives and goals and hexperience, number of years in business, or educational background. In your ability to operate a licensed business.	now your experience will help achieve them. List your retail
Business Plan: Consideration will be given to applicants who submit a plan is available from the Chamber of Commerce at 606-845-1223.	complete business plan. Assistance on forming a business
Applicant's Signature	Date