



COUNTY OF POWELL
OFFICE OF ALCOHOLIC BEVERAGE CONTROL

Name of Applicant: _____ Federal EIN# _____

Applicant Address: _____

City _____ State _____ Zip Code _____

Phone# _____ Cell# _____

Business name if different from applicant: _____

Business address: _____

City: _____ State _____ Zip Code _____

Business Phone# _____ Cell# _____

Local ABC License# _____ Effective _____ Until _____

State ABC License# _____ Effective _____ Until _____

Powell County Occupational/Net Profit License# _____

Proof of Advertisement Attached: **Yes or No**

State Application Attached: **Yes or No**

License type applied for: _____

Does Applicant Understand Laws Affecting the Sale of Alcoholic Beverages? **Yes or No**

Have Copy of Powell County Ordinance 18-29-06? **Yes or No**

Signature of Applicant: _____

Date: _____

Application Status: Approved or Denied County Administrator: _____ Date: _____