

**VERIFICATION OF FOOD SERVICE COMPLIANCE**  
**Related to**  
**City of Hodgenville, Kentucky**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Applicant's business/company name: \_\_\_\_\_  
D/B/A: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Cell Phone No.: (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_

List all types of licenses you are applying for: \_\_\_\_\_

**The remainder of this form must be completed by the LaRue County Health Department, Environmental Services 215 East Main St, Hodgenville, Kentucky, Phone: 270-358-8665, before submitting your application for an Alcoholic Beverage License.**

Address of premises to be licensed: \_\_\_\_\_

This is to certify that the premises listed above has obtained all necessary food service permits in order to comply with the Kentucky Food Service Code. Special conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Establishment will be required to comply with applicable Kentucky Food Service Establishment Act and State Retail Food code requirements prior to commencing operation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
LaRue County Health Department Representative

**VERIFICATION OF ZONING COMPLIANCE**  
**Related to**  
**City of Hodgenville, Kentucky**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Applicant's business/company name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Business Address: \_\_\_\_\_

List all types of licenses you are applying for: \_\_\_\_\_

The remainder of this form must be completed by the Land of Lincoln Planning & Zoning Commission, 209 West High St, Hodgenville, Kentucky, Phone: 270 358 0830, before submitting your application for an Alcoholic Beverage License.

Address of premises to be licensed: \_\_\_\_\_

This is to certify that the premises listed above conforms to County and City Zoning Ordinances in order to comply with the Alcoholic Beverage Control Ordinance of the City of Hodgenville, Kentucky.

Property Zoning: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(Signature: \_\_\_\_\_)

(Print Name): \_\_\_\_\_

Land of Lincoln Planning & Zoning Commission