



**CITY OF CRESTVIEW HILLS, KENTUCKY**  
**APPLICATION FOR SPECIAL TEMPORARY LICENSE**  
Application must be presented with a copy of the approved State of  
Kentucky Temporary License

Name, business address and telephone number of applicant:

**BUSINESS/ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Person or persons authorized to sign application:

**NAME & TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Effective Dates Requested for Temporary License: \_\_\_\_\_

How will the beer/wine be served: \_\_\_\_\_

\_\_\_\_\_

Amount of City License Fee: \$50.00

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Approving City Agent Date: \_\_\_\_\_