

**VERIFICATION OF HEALTH CODE COMPLIANCE
APPLICATION FOR CITY OF HURSTBOURNE ACRES, KENTUCKY
ALCOHOLIC BEVERAGE LICENSE**

*Health Dept. approval may not be necessary for Retail Package Liquor licenses.
Please consult the Louisville Metro Public Health and Wellness Department prior to
application.*

This form must be completed by the Health Department having jurisdiction before submitting your application for an Alcoholic Beverage License.

This is to certify that the property located at _____

to be occupied by _____

meets all applicable Health Codes and has obtained all necessary permits in order to comply with the Regulation of Alcoholic Beverages Sales Ordinance of the City of Hurstbourne Acres, Kentucky, with the following conditions, if any:

Signature of Health Department Official: _____

Date: _____

Name of Health Department: _____

THIS FORM DOES NOT CERTIFY THAT THE ABOVE-LISTED BUSINESS QUALIFIES FOR STATUS FOR ALCOHOL LICENSING UNDER STATUTES, ADMINISTRATIVE REGULATIONS, OR CITY OF LAGRANGE ORDINANCES PERTAINING TO ALCOHOLIC BEVERAGE CONTROL; SUCH DETERMINATION SHALL BE MADE BY THE HURSTBOURNE ACRES ABC ADMINISTRATOR.