



CANNABIS-INFUSED BEVERAGE REGISTRATION FORM

Business Name: _____

Location Address: _____

Mailing Address: _____

Permit Type: _____

MANUFACTURERS ONLY

1. Do you plan on self-distributing cannabis- infused beverages to retailers? ☐ Yes ☐ No
2. Do you plan to sell cannabis-infused beverages by directly shipping to consumers? ☐ Yes ☐ No
3. Do you have an active Kentucky ABC License? ☐ Yes ☐ No
 - a. If so, list all active license numbers: _____

DISTRIBUTORS ONLY

1. Do you currently or plan to distribute cannabis-infused beverages? ☐ Yes ☐ No
 - a. If yes, what type of business do you plan on distributing to?
☐ Distributors ☐ Retailers ☐ Both
2. Do you have an active Kentucky ABC License? ☐ Yes ☐ No
 - a. If so, list all active license numbers: _____

CONTACT INFORMATION

Name: _____

E-Mail: _____

Phone Number: _____

Return COMPLETED FORM to:

AlcoholExciseTax@ky.gov

or

Department of Revenue
Cannabis-Infused Beverage Registration
501 High Street, Station 62
Frankfort, KY 40601

Official Use Only

DOR Account Number: _____

MIXERS: _____

Sheet Created: _____

Date Created: _____