

1. Navigate to abc.ky.gov and select **eServices**.

The screenshot shows the homepage of the Kentucky Alcoholic Beverage Control (ABC) website. At the top, there is a navigation bar with links to various departments: Salesforce, KOG, PPC, COT, School, Personal, and Tech. Below this is a banner image of a drink with a COVID-19 alert. The main heading is "DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL". A paragraph describes the department's mission and contact information. Below this is a navigation menu with links to Licensing, Education, Enforcement, Resources, and **eServices** (highlighted with a red circle and an arrow). To the left of the eServices link is a "HOW DO I?" section with links to report violations, find laws, apply for licenses, register brands, and find shipper licenses. To the right is a "LATEST NEWS" section with links to health at work requirements, minimum requirements, PPC memos, COVID FAQs, and local option elections. Further right is a "QUICK LINKS" section with links to the staff directory, hearing and legal information, advisory opinions, frequently asked questions, and local option election information.

2. Click on the **Login/Register** button within the REQUEST OR APPLY tile

The screenshot shows the "Kentucky Alcoholic Beverage Control Portal" with a welcome message. The portal is divided into several sections: "REQUEST OR APPLY", "LOCAL ABC ADMIN LOGIN", "LOOKUP", "REPORTS", "BRAND REGISTRATION", and "COMPLAINTS". The "REQUEST OR APPLY" section is highlighted with a red circle and contains a "Login/Register" button. The "LOCAL ABC ADMIN LOGIN" section has a "Login" button. The "LOOKUP" section has a "Look Up License(s)" button. The "REPORTS" section has a "View/Generate Report(s)" button. The "BRAND REGISTRATION" section has a "Kentucky Distributor/Wholesaler Access to PRO" button. The "COMPLAINTS" section has a "Raise Complaint" button.

3. If you have a Kentucky Online Gateway (KOG) account, please use that email and password & proceed to step 9. If you are a new user, click create account & proceed with steps 4 - 8. For help or questions, contact CHFS KYID Support at KYIDHelpdesk@ky.gov or (866) 231-0003 Option 2.

 If you had a Kentucky Online Gateway (KOG) account, please use that email and password to sign into KYID. You do not need to create a new KYID Account.

A

Sign in to ABC_External

* Indicates a required field

Email*

☐ I consent to the [System Notice](#)

Next

Create account

[Forgot email](#)

4. Enter and confirm your email address. Once you select next, a 6-digit verification code will be emailed to the email address entered

× [Exit create an account](#)

Create an Account
Step 1 of 5

Enter your account email

Your email will serve as your username for your KYID account.

* Indicates a required field.

Primary email* 

Primary Email is a required field

Confirm primary email*

< [Back](#)

Next

5. For an added layer of security, please provide your mobile number.

Step 2 of 5

Provide your mobile number

Providing your mobile number adds an extra layer of security to your account. It allows us to help you to regain access if you lose access to your email or password.

Country code

(+1) United States

Mobile number

(XXX) XXX-XXXX

Confirm mobile number

(XXX) XXX-XXXX

How would you like to receive the verification code?
*



Text Message

You will receive a passcode via text message to your phone



Voice call

You will receive a passcode via voice call

6. Add an additional account recovery method.

[Exit create an account](#)

Create an Account

Step 3 of 5

Add an additional account recovery method

We recommend that you add an additional account recovery method.

Primary email

Alternate email* ⓘ

sample@email.com

Confirm alternate email*

sample@email.com

< [Back](#)

Next

7. Enter your personal Information click next.

[Exit create an account](#) Create an Account
Step 4 of 5

Enter your personal information

Chance of Verification based on profile completion
The more information you provide us with, the higher your chances will be for successful verification.

Chance of verification: Medium

Basic information

Please ensure that you have entered the following information correctly to ensure a seamless and secure process.

- Full legal name
- Gender
- Date of birth
- Current home address

You have higher chances of successfully completing the identity verification if you provide social security number.

*Indicates a required field.

Legal first name* Legal middle name

Legal last name* Suffix

Gender Date of birth*

Social Security Number (SSN) / Individual Taxpayer Identification Number (ITIN)

☐ I don't have a home address.

Address 1* Address 2

City* State*

Zip/postal code* Zip/postal code extension

Country* County

Identity verification is limited to US addresses and US territories only.

8. Lastly, create a password and complete the process under

Step 5 of 5

Create a password

Passwords must meet the following:

- ✓ Have at least 8 characters
- ✓ Should not contain the first name or last name
- ✓ Have at least one lowercase letter
- ✓ Have at least one uppercase letter
- ✓ Have at least one numeric digit
- ✓ Must have at least one of the following special characters: #@-!_\${}~*?

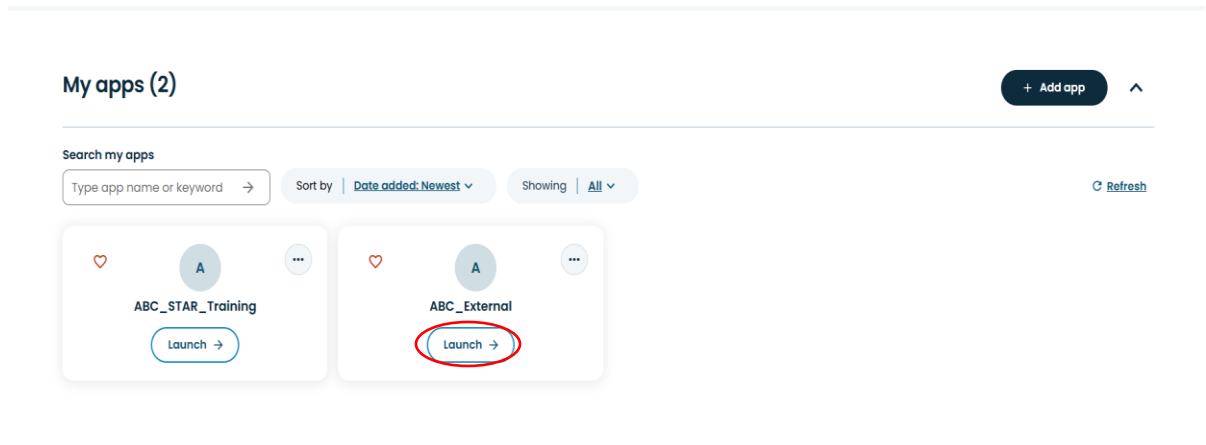
* Indicates a required field.

Primary email

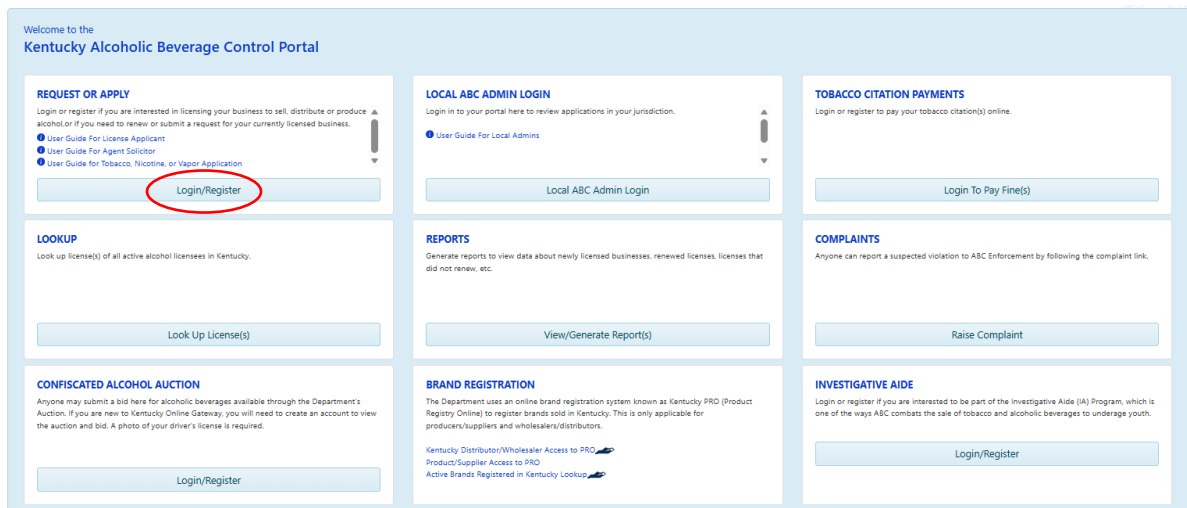
Password*

Confirm password*

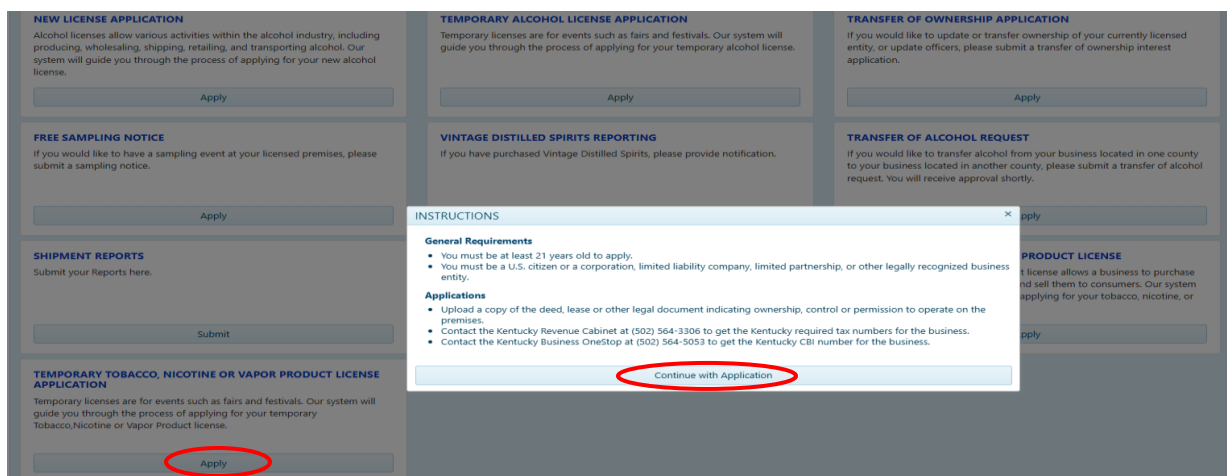
9. Click Launch ABC_External



10. Log in to the Belle system by clicking Login/Register.



11. From the top menu bar, click 'New Applications/Requests, then click apply on the Temporary Tobacco, Nicotine or Vapor Product License column. Review the instructions and click continue with application.



12. Temporary Tobacco, Nicotine or Vapor Product License – Event Details.
Complete all sections, upload an event flyer, type your name to
electronically sign the affidavit and click submit.

TEMPORARY TOBACCO, NICOTINE OR VAPOR PRODUCT LICENSE — EVENT DETAILS

Select Company *
Select the Company Name

Name of event *
Enter name of event

Event start date *
Enter start date

Event end date *
Enter end date

Choose a temporary license *
-- Choose a temporary license --

Upload a flyer
Select files...

DON'T HAVE AN EVENT FLYER?
Description of the event

EVENT ADDRESS INFORMATION
Country*
United States
City*
Enter City

Postal Code*
Enter Postal Code
State*
Enter State

Address* ⓘ
Enter Street Address
County*
Select County

Location within the event where you will be selling from (e.g. Booth number)

EVENT ADDRESS INFORMATION
Country*
United States
City*
Enter City

Postal Code*
Enter Postal Code
State*
Enter State

Address* ⓘ
Enter Street Address
County*
Select County

Location within the event where you will be selling from (e.g. Booth number)

EVENT DAY CONTACT DETAILS
First Name*
Enter First Name
Suffix
Select Suffix

Middle Name
Enter Middle Name
Phone*
Enter Phone Number

Last Name*
Enter Last Name
Email*
Enter Email Address

AFFIDAVIT
All terms and conditions regarding the payment.

I do hereby swear or affirm, under penalty of perjury, that I am authorized to submit this application on behalf of the named applicant and that all information and statements contained therein and any attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear or affirm that if the license(s) is issued, the applicant shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in tobacco, nicotine, or vapor products.

I agree to sign and file this application by electronic means with the Department in compliance with the Kentucky Uniform Electronic Transactions Act contained in KRS 369.101 to 369.120. I further understand that the Department is accepting a typed version of my name as my original signature and that I have typed my name below with intent to sign this application.

Name *
Enter Name

Clear

Cancel

Submit

13. Once you click submit, you will be provided with a form number to reference your application with. Once approved, you will access your account & pay the temporary licensure fee and print your license.

Form Submitted!

Your Temporary TNVP License Application has been submitted successfully. Form Number: TEMPTNVPL-27

OK