



CITY OF BARBOURVILLE, KENTUCKY
MONTHLY ABC REGULATORY REPORT
BY THE DRINK

Month Ended: _____

Name: _____

City ABC License Number: _____

Location Address: _____

1. Gross Receipts from Food Sales (required 50% minimum) \$ _____

2. Gross Receipts from Alcohol Sales _____

3. Regulatory Fee - 7% of Line 2 _____

4. Less Credit Allowed _____

5. Subtotal - Regulatory Fee Due (Subtract Line 4 from Line 3) _____

6. Penalty for Late Payment - 5% of Line 5 (\$10 minimum, 25% maximum of Line 5) _____

7. Interest for Late Payment - 8% of Line 5 _____

8. Total Regulatory Fee Due (Lines 5, 6, & 7) \$ _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Print Name

Contact Name

DUE BY THE 20TH OF THE MONTH

Due in the Office of Barbourville City Clerk
Make Check Payable to:
City of Barbourville
P.O. Box 1300
Barbourville, KY 40906