

QUARTERLY ALCOHOLIC BEVERAGE REGULATORY REPORT

City of Flemingsburg, Kentucky

Fleming County, Kentucky

Quarter End Date:

Due Date:

Name:

City/County ABC License Number:

Address:

| | |
|---|----------------------|
| 1. Gross Receipts from alcohol sales | _____ |
| 2. Regulatory License Fee—5% of Line 1 | _____ |
| 3. Less Credit Allowed | <input type="text"/> |
| 4. Regulatory License Fee: (subtract Line 3 from Line 2) | _____ |
| 5. Penalty- 5% of Line 4 (if paid after due date) (Min. \$10, not to exceed 25% of amount due) | _____ |
| 6. Interest—8% of Line 4 per annum (if paid after due date) | _____ |
| 7. Total Regulatory Fee Due: | _____ |

I hereby certify that the statements made herein and in any supporting documents are true, correct and complete to the best of my knowledge.

| | | | |
|---|---------------|--------------------------------|---------------|
| _____ Signature of Individual Preparing Return | _____ Date | _____ Signature of Licensee | _____ Date |
|---|---------------|--------------------------------|---------------|

| | |
|---|--|
| <i>1st quarter: May – July Due August 20</i> | <i>2nd quarter: Aug – October Due November 20</i> |
| <i>3rd quarter: November – January Due February 20</i> | <i>4th quarter: February – April Due May 20</i> |

This form must be filed and paid in full by the 20th of the months of August, November, February and May.

Remit Check or Money Order Payable to:

City of Flemingsburg
140 West Electric Avenue
Flemingsburg, KY 41041