

CITY OF FRANKLIN
QUARTERLY ABC REGULATORY REPORT
RETAIL SALES OF PACKAGE ALCOHOL

1st Quarter Ending 3-31-20__

Due on or before 4-30-20__

Company Name _____

Company Address _____

Account # _____

Business License # _____

Franklin ABC License # _____

Kentucky ABC License # _____

- | | |
|--|-------|
| 1. Gross Receipts from Alcohol Sales | _____ |
| 2. Regulatory Fee Due (5% of Alcohol Sales) | _____ |
| 3. Deduct ¼ of Prepaid License Fee | _____ |
| 4. Subtotal | _____ |
| 5. Interest at 8% Per Annum From Due Date | _____ |
| 6. Penalty at 5% Per 90 Days (minimum \$25.00) | _____ |
| 7. Total Due | _____ |

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 of Individual Preparing Return

Date

Signature of Licensee

Date

REMIT PAYMENT TO:
CITY OF FRANKLIN
C/O ABC ADMINISTRATOR
P.O. BOX 2805
FRANKLIN, KY 42135