



# City of Glasgow, Kentucky Quarterly ABC Regulatory Report Limited Restaurant

Quarter End Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Name: \_\_\_\_\_

ABC/Occupational License Number: \_\_\_\_\_

Address: \_\_\_\_\_

1. Gross Receipts from food sales \_\_\_\_\_  
(70% requirement)
2. Gross Receipts from Alcohol sales \_\_\_\_\_
3. Total Gross Receipts (add lines 1 and 2) \_\_\_\_\_
4. Regulatory License Fee: \_\_\_\_\_  
(multiply line 2 by 5%)
5. Less Quarterly Credit Allowed \_\_\_\_\_
6. Regulatory License Fee Due: \_\_\_\_\_  
(Subtract Line 5 from Line 4)
7. Interest—8% per annum \_\_\_\_\_  
(if paid after due date)
8. Penalty—5% per 90 days, Min. \$10 \_\_\_\_\_  
(if paid after due date)
9. Total Amount Due: \_\_\_\_\_
10. Percentage Food Sales \_\_\_\_\_  
(Divide line 1 by line 3)

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

This form must be filed and paid in full by the end of the months of April, July, October and January.

Remit Check or Money Order Payable to:

City of Glasgow, Kentucky  
c/o ABC Administrator  
P.O. Box 278  
Glasgow, KY 42142-0278  
(270) 651-5131