



City of Glasgow, Kentucky Quarterly ABC Regulatory Report By the Drink

Quarter End Date: _____ Due Date: _____

Name: _____

ABC/Occupational License Number: _____

Address: _____

1. Gross Receipts from alcohol sales _____
2. Regulatory License Fee—5% of Line 1 _____
3. Less Quarterly Credit Allowed _____
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 schedules are true, correct and complete to the best of my knowledge.

Signature of Individual Preparing Return Date

Signature of Licensee Date

1st quarter: Jan-March **Due April 30** 2nd quarter: April-June **Due July 31**
3rd quarter: July-Sept **Due October 31** 4th quarter: Oct-Dec **Due January 31**

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