



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

Quarter End Date: _____ Due Date: _____

Name: _____

ABC/Occupational License Number: _____

Address: _____

1. Gross Receipts from Food sales
(50/70% 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.

Return Check or Money Order Payable to:

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