



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