



# 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

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