



**ELIZABETHTOWN ALCOHOLIC BEVERAGE CONTROL
QUARTERLY LICENSE FEE RETURN**

(LIMITED RESTAURANT BY THE DRINK - 70% FOOD & 100 SEATS)

Restaurant: _____

Quarter ending: _____

Address: _____

License Number: _____

1. File return even though no license fee is due.
2. Return is due 30 days following the month for which the report is made.
3. Report changes of ownership or address immediately
4. Prepare return in duplicate and retain one copy.
5. **Make check payable to: CITY OF ELIZABETHTOWN**
6. **Mail to:**

**CITY ABC ADMINISTRATOR
P.O. BOX 550
ELIZABETHTOWN, KY. 42702-0550**

Filing address if other than above:

GROSS SALES:

(A.) Food \$ _____

(B) Other \$ _____

(C.) Alcohol \$ _____

TOTAL: \$ _____

PENALTY: 5% of tax due and not paid by the due date for each ninety (90) days or fraction thereof.
Failure to pay within ten (10) days of the due date subjects licensee to suspension revocation.

INTEREST: 8% per annum will apply to any late payment

Regulatory Fee:

4% of line C \$ _____

- Credit (1/4 annual fee) -300.00

- Additional Credit _____

+ Penalty _____

TOTAL PAYMENT: \$ _____

(Not less than zero)

CERTIFICATION

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. I further certify that the Licensee earned at least seventy (70%) percent of its gross receipts from the sale of food during this reporting period. I further certify that the mandatory training provision in the ordinance from the Kentucky ABC Education Division is being or will be met as outlined.

Authorized Signature / Title / Date

FOR ABC USE ONLY