



## ELIZABETHTOWN ALCOHOLIC BEVERAGE CONTROL QUARTERLY LICENSE FEE RETURN

Restaurant: \_\_\_\_\_ Quarter ending: \_\_\_\_\_

Address: \_\_\_\_\_ City License Number: \_\_\_\_\_

Filing address if other than above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### SALES:

**RESTAURANT:**  
**Section A:**

**CATERED EVENTS:**  
**Section B:**

**GROSS SALES:**  
**Section C: (Section A + B)**

1. Food	\$ _____	(70%)	\$ _____	(35%)	1. \$ _____
2. Other	\$ _____		\$ _____		2. \$ _____
3. Alcohol	\$ _____		\$ _____		3. \$ _____
<b>TOTALS</b>	<b>\$ _____</b>		<b>\$ _____</b>		<b>\$ _____</b>

*(Attach Schedule C for each event)*

**Regulatory Fee:**  
4% of Line 3, Section C

\$ \_\_\_\_\_

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.

+ Penalty

\_\_\_\_\_

- Credit (1/4 annual fee)

\_\_\_\_\_ 300.00

**TOTAL PAYMENT:**

\$ \_\_\_\_\_

(Not less than zero)

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

### 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%) of its gross receipts from the sale of food in the restaurant and (35%) at catered events during this reporting period.

\_\_\_\_\_  
**Authorized Signature / Title / Date**