



ELIZABETHTOWN ALCOHOLIC BEVERAGE CONTROL
QUARTERLY REGULATORY LICENSE FEE RETURN
(PRIVATE CLUB)

Business Name: _____

Address: _____

Filing address if other than above:

Quarter ending: _____

License Number: _____

1. File return even though no license fee is due.
2. **Return is due within 20 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**

TYPE LICENSE: **PRIVATE CLUB**

GROSS ALCOHOL SALES:

TOTAL: \$ _____

REGULATORY FEES:

4% of alcohol sales: \$ _____

- Credit (1/12 annual fee) _____ -75.00

+ Penalty _____

TOTAL PAYMENT: \$ _____

(Not less than zero)

PENALTY: 5% of tax due and not paid by the due date for each thirty (30) 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

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 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