



**ELIZABETHTOWN ALCOHOLIC BEVERAGE CONTROL
MONTHLY REGULATORY LICENSE FEE RETURN
(RETAIL LIQUOR PACKAGE)**

Business Name: _____

Month and Year: _____

Address: _____

License Number: _____

Filing address if other than above:

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: **RETAIL LIQUOR PACKAGE & BEER**

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.

GROSS ALCOHOL SALES:

TOTAL: \$ _____

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

REGULATORY FEES:

4% of alcohol sales: \$ _____

- Credit (1/12 annual fee) _____ -100.00

+ Penalty _____

TOTAL PAYMENT: \$ _____

(Not less than zero)

C E R T I F I C A T I O N

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