



## City of Glasgow, Kentucky Quarterly ABC Regulatory Report By the Drink/Food

Quarter End Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Name: \_\_\_\_\_

ABC/Occupational License Number: \_\_\_\_\_

Address: \_\_\_\_\_

- |     |   |       |
|-----|---|-------|
| 1.  | Gross Receipts from food sales<br>(50/70% requirement)        | _____ |
| 2.  | Gross Receipts from Alcohol sales                             | _____ |
| 3.  | Total Gross Receipts (add lines 1 and 2)                      | _____ |
| 4.  | Regulatory License Fee:<br>(multiply line 2 by 5%)            | _____ |
| 5.  | Less Quarterly Credit Allowed                                 | _____ |
| 6.  | Regulatory License Fee Due:<br>(Subtract Line 5 from Line 4)  | _____ |
| 7.  | Interest—8% per annum<br>(if paid after due date)             | _____ |
| 8.  | Penalty—5% per 90 days, Min. \$10<br>(if paid after due date) | _____ |
| 9.  | Total Amount Due:   | _____ |
| 10. | Percentage Food Sales<br>(Divide line 1 by line 3)            | _____ |

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

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