# City of Glasgow, Kentucky
Quarterly ABC Regulatory Report
Limited Restaurant

Quarter End Date: _________________ Due Date: _________________

Name: __________________________________________________________________________

ABC/Occupational License Number: __________________________________________________

Address: __________________________________________________________________________

1. Gross Receipts from food sales
   (70% requirement) _________________

2. Gross Receipts from Alcohol sales _________________

3. Total Gross Receipts (add lines 1 and 2) _________________

4. Regulatory License Fee:
   (multiply line 2 by 5%) _________________

5. Less Quarterly Credit Allowed _________________

6. Regulatory License Fee Due:
   (Subtract Line 5 from Line 4) _________________

7. Interest—8% per annum
   (if paid after due date) _________________

8. Penalty—5% per 90 days, Min. $10
   (if paid after due date) _________________

9. Total Amount Due: _________________

10. Percentage Food Sales
    (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.

<table>
<thead>
<tr>
<th>Signature of Individual Preparing Return</th>
<th>Date</th>
<th>Signature of Licensee</th>
<th>Date</th>
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</thead>
</table>

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