



**CITY OF PINEVILLE, KY
MONTHLY ABC REGULATORY REPORT
PACKAGE SALES**

MONTH OF: _____ 20__ (due by the 15th of the following month)

NAME: _____

CITY ABC LICENSE NUMBER(S): _____

LOCATION ADDRESS: _____

1. Gross Receipts from Alcohol Sales \$ _____

2. Regulatory Fee (5% of Line 1) \$ _____

3. Less Monthly Credit Allowed
(divide city license fee paid by 12) \$ _____

4. Subtotal—Regulatory Fee Due
(subtract Line 3 from Line 2) \$ _____

5. Penalty for Late Payment—5% of Line 4
(\$10 minimum, 25% maximum of Line 4) \$ _____

6. Interest for Late Payment—8% of Line 4 \$ _____

7. Total Regulatory Fee Due **\$ _____**

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

Date:

Print Name

Title:

REMIT PAYMENT TO: CITY OF PINEVILLE c/o ABC ADMINISTRATOR 300 W. VIRGINIA AVE. PINEVILLE, KY 40977