



**CITY OF PINEVILLE, KY
MONTHLY ABC REGULATORY REPORT
RESTAURANT**

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

NAME: _____

CITY ABC LICENSE NUMBER(S): _____

LOCATION ADDRESS: _____

1. Gross Receipts from ALL SALES (include food) \$ _____

2. Gross Receipts from Alcohol Sales (must be <50% of Line 1)
\$ _____

3. Regulatory Fee (6% of Line 2) \$ _____

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

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

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

7. Interest for Late Payment—8% of Line 5 \$ _____

8. Total Regulatory Fee Due
(Lines 5 + 6 + 7) **\$ _____**

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date:

Signature

Title:

Print Name

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

P.O. Box 688 Pineville, KY 40977