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.

_____ Date:

Signature

_____ Title:

Print Name

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