



**HODGENVILLE ALCOHOLIC BEVERAGE CONTROL
QUARTERLY REGULATORY LICENSE FEE RETURN**

DUE DATE:

Business Name: _____

Quarter Ending:

Address: _____

License Number: _____

Filing address if other than above:

1. File return even though no license fee is due.
2. **Return is due LAST DAY OF THE following the quarter for which the report is made.**
3. Report changes of ownership or address immediately
4. Prepare return in duplicate and retain one copy.
5. **Make check payable to: CITY OF HODGENVILLE**
6. Mail to:

CITY ABC ADMINISTRATOR
200 SOUTH LINCOLN BLVD
HODGENVILLE, KY 42748

TYPE LICENSE: **(X)**

PENALTY: 5% of tax due and not paid by the due date for each ninety (90) days or fraction thereof. Failure to pay within ten (10) days of the due date subjects licensee to suspension revocation.

GROSS ALCOHOL SALES:

TOTAL: \$ _____

INTEREST: 8% per annum will apply to any late payment

REGULATORY FEES:

5% of alcohol sales: \$ _____

- Credit (1/4 annual fee) -50.00

+ Penalty/Interest _____

TOTAL PAYMENT: \$ _____
(Not less than zero)

CERTIFICATION

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. I further certify that the mandatory training provision in Ordinance 112.083 of the City of Hodgenville is being or will be met as outlined.

Authorized Signature / Title / Date

FOR ABC USE ONLY	SCAN	FEE
	DEP	REG

January 1, 2020