City of Park City KY

44 Mammoth Cave Avenue, Park City, KY 42160
PO Box 304, (270)749-5695
cityhall@parkcity.ky.gov
www.cityofparkcityky.com

Quarterly ABC Regulatory Fee Report

Malt Beverage Package

Date. _____ Quarter. _____

Name. _____

City ABC License Number(s). _____

Location Address. _____

Representative Name. _____ Title. _____

Telephone. _____ Email. _____

1. Gross Receipts From Alcohol Sales	$
2. Regulatory Fee (Line 1 x 5%)	$
3. Less Quarterly Credit (If Allowed)	$
4. Amount Due (Subtotal)	$
5. Penalty for Late Payment (Line 4 x 5%, minimum $10, maximum line 4 x 25%)	$
6. Interest For Late Payment (Line 4 x 8%)	$
7. Total Amount Due (Add Lines 4, 5 and 6)	$

Make checks payable to: City of Park City, KY ABC
Mail payment to: PO Box 304, Park City, KY 42160

I HEREBY CERTIFY THAT THE STATEMENTS MADE ABOVE AND IN ANY SUPPORTING SCHEDULES OR OTHER DOCUMENTS, ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE.

_____ _____
Signature. Date.

_____ _____
Printed Name. Contact Number

1st Quarter: June-Aug ***Due Sept 30th*** 2nd Quarter: Sept-Nov ***Due Dec. 31st***
3rd Quarter: Dec-Feb ***Due Mar. 31st*** 4th Quarter: Mar-May ***Due June 30th***