



CITY OF Eddyville

Nancy Slaton
Mayor

Alcoholic Beverage Control

David S. Allison
Administrator

P O Box 744, Eddyville, KY 42038
(270) 388-2226 Fax (270) 388-5683

Monthly Sales of Alcoholic Beverage Report

Name of Licensee: _____

Address: _____

Person Filing Report: _____

Report for Period Ending: _____ Date Filed: _____

Section I. Restaurants Only:

- A. Food Sales for Period (in dollars) \$ _____
- B. Alcoholic Beverage Sales for Period (in dollars) \$ _____
- C. Total Food and Alcoholic Beverage Sales \$ _____
- D. Line A Divided by Line C _____ %
(determines percentage of food sales)
- E. Line B Divided by Line C _____ %
(determines percentage of Alcoholic Beverage Sales)

Section II Retail and Package Stores Only:

- A. Non Alcoholic Beverage sales for Period \$ _____
(Package stores only, all others N/A)
- B. Alcoholic Beverage Sales for Period (in dollars) \$ _____
(All retail outlets)
- C. Total of Lines A and B \$ _____
- D. Line B divided by Line C (Package stores only) _____ %
(Determines Percentage of Alcoholic Beverage Sales)

Section III All Outlets, Package, Retail, Special License, and Restaurants:

- A. Line B from Section I X 6%, Regulatory Fee Due \$ _____
- B. Line B from Section II X 6%, Regulatory Fee Due \$ _____
- C. Divide annual license fee by 12, Monthly License Credit \$ _____
- D. Net Regulatory Fee Due \$ _____
(Add lines A and B, subtract line C in section III)

I hereby swear/affirm that the statement made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

Signature of Individual preparing form

Date

Signature of Taxpayer

Date

This form must be filed and paid in full by the 15th day of each month, for the preceding month.

Please make checks payable to: City of Eddyville

Please mail to: David S. Allison
Alcoholic Beverage Control Administrator
P.O. Box 744
Eddyville, Ky 42038