



## CITY OF CAVE CITY QUARTERLY ABC REGULATORY FEE REPORT

Quarter Ending \_\_\_\_\_ Due Date \_\_\_\_\_

Name \_\_\_\_\_

Business License Number \_\_\_\_\_

ABC License Number \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

1. Gross Receipts From Food sales:           \$ \_\_\_\_\_  
   (deduct sales tax)
2. Gross Receipts From Alcohol Sales       \$ \_\_\_\_\_  
   (deduct sales tax)
3. Fee Due at 5%                               \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Individual Preparing Return      Date                      Signature of Licensee                      Date

***THIS FORM MUST BE SIGNED AND FILED WITH THE CITY AND PAID IN FULL BY THE END OF THE MONTH FOLLOWING THE END OF THE QUARTER.***

- 1<sup>st</sup> Quarter Ending March 31, File By April 30
- 2<sup>nd</sup> Quarter Ending June 30 , File By July 31
- 3<sup>rd</sup> Quarter Ending Sept. 30, File By Oct. 31
- 4<sup>th</sup> Quarter Ending Dec. 31, File By Jan. 31

**Remit Check or Money Order Payable to: CITY OF CAVE CITY and Mail to the following address: City of Cave City, c/o ABC Administrator, P.O. Box 567, Cave City, KY. 42127-0567**