



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.

- 1st Quarter Ending March 31, File By April 30
- 2nd Quarter Ending June 30 , File By July 31
- 3rd Quarter Ending Sept. 30, File By Oct. 31
- 4th 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