



# CITY OF CAVE CITY QUARTERLY ABC REGULATORY REPORT

Quarter End Date: \_\_\_\_\_

Name: \_\_\_\_\_

City ABC License Number(s): \_\_\_\_\_

Location Address: \_\_\_\_\_

1. Gross Receipts from Food Sales (If Applicable) \$ \_\_\_\_\_

2. Gross Receipts from Alcohol Sales \$ \_\_\_\_\_

3. Regulatory Fee – 5% of Line 2 \$ \_\_\_\_\_

4. Penalty For Late Payment – 5% of Line 2 (\$10 minimum, 25% maximum of line 5) \$ \_\_\_\_\_

5. Interest For Late Payment – 8% of Line 2 \$ \_\_\_\_\_

6. Total Regulatory Fee Due \$ \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Number

1<sup>st</sup> quarter: Jan-Mar **Due April. 30<sup>th</sup>** 2<sup>nd</sup> quarter: Apr-Jun **Due July 31**  
3<sup>rd</sup> quarter: July-Sep **Due Oct 31** 4<sup>th</sup> quarter: Oct-Nov **Due Jan 30<sup>th</sup>**

**Due In Our Office By The Due Dates Listed Above**

Remit Check or Money Order Payable to:  
CITY OF CAVE CITY  
c/o ABC Administrator  
P.O. Box 567  
Cave City, KY 42127