



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% per annum 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

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

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