



**MONTHLY ABC REGULATORY REPORT
CATERER'S DETAIL REPORT**
Related to City of Williamsburg, Kentucky
ALCOHOLIC BEVERAGE LICENSE

Monthly End Date: _____

Licensee Name: _____

Location Address: _____

Williamsburg ABC License No(s): _____ Kentucky ABC License No(s): _____

1. Gross Receipts from Food Sales: \$ _____
(Required 35% minimum)

2. Gross Receipts from Alcohol Sales: \$ _____

3. Regulatory Fee: 7% of Line 2 \$ _____

4. Penalty for Late Payment: (If Any) \$ _____
5% of Line 3
(\$10 minimum, 25% maximum of Line 2)

5. Interest for Late Payment: 8% \$ _____
8% of Line 3 + 4

6. **Less License Fee Credit: (If Applicable) \$ _____
(KRS 243.075 Sec. 1)

7. Total Regulatory Fee Due: \$ _____
(Lines 3 + 4 + 5)

**Reminder: You may apply for the credit in the amount of the license, see Williamsburg City Clerk.

*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

Title

All Regulatory Fees must be received by the Williamsburg City Clerk, No later than the 20th of each month.
Failure to pay such remittance within 10 (ten) days of the due date constitutes a violation and shall subject a licensee to suspension or
revocation.

REMIT CHECK OR MONEY ORDER PAYABLE TO:

**CITY OF WILLIAMSBURG
C/O ABC ADMINISTRATOR
ATTN: CITY CLERK**

P.O. BOX 119 or 423 MAIN STREET, WILLIAMSBURG, KY 40769