



**MONTHLY ABC REGULATORY REPORT
QUOTA RETAIL PACKAGE**

**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 Distilled Spirits/Wine Sales: \$ _____

2. Gross Receipts from Malt Beverage Sales: \$ _____

3. Regulatory Fee: **5% of Line 1** \$ _____

4. Regulatory Fee: **4% of Line 2** \$ _____

5. Subtotal -- Regulatory Fee Due: (Lines 3 + 4) \$ _____

6. Penalty For Late Payment: 5% of Line 5 (If Any) \$ _____
(\$10 minimum, 25% maximum of Line 5)

7. Interest For Late Payment: 8% \$ _____
(8% of the Sum of Lines 5 + 6)

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

9. TOTAL REGULATORY FEE DUE: \$ _____
(Lines 5 + 6 + 7)

****Reminder: You may apply for the credit in the amount of your 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.***

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 ten (10) 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
WILLIAMSBURG ABC Administrator
ATTN: CITY CLERK
423 Main Street or P.O. Box 119
Williamsburg, KY 40769**

