



CITY OF WILLIAMSBURG

MONTHLY ABC REGULATORY REPORT

Quarter End Date: _____ Due Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Business License Number: _____

Williamsburg ABC License Number: _____ Kentucky ABC License No.: _____

THIS FORM MUST BE FILED AND PAID IN FULL BY 20 DAYS FOLLOWING END OF MONTH, FOR WHICH THE REPORT IS MADE. A PENALTY OF 12% PER MONTH WILL BE ASSESSED FOR NON PAYMENT AFTER TEN (10) DAYS FROM DUE DATE (SEE SECTION 6.03 AND 6.04 OF CITY ABC ORDINANCE).

- 1. **Gross Receipts from Food Sales:** \$ _____
- 2. **Gross Receipts from Alcohol Sales** \$ _____
- 3. **Gross Receipts from All other Sales**** \$ _____
- 4. **TOTAL GROSS RECEIPTS (lines 1, 2, 3)** \$ _____
- 5. **Regulatory Fee Due (7% of Alcohol Sales)** \$ _____
- 6. **+ 12% Penalty (if any)** \$ _____
- 7. **- Credit (KRS 243.075 Section 1)** \$ _____
- 8. **= TOTAL PAYMENT** \$ _____

**** (All Other Sales) is any money that your restaurant received excluding alcohol and food sales.....
(Do not include Sales Tax in figures above).**

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

REMIT CHECK OR MONEY ORDER PAYABLE TO:

**CITY OF WILLIAMSBURG
C/O ABC ADMINISTRATOR
P.O. BOX 119
WILLIAMSBURG, KY 40769**

GO TO WWW.WILLIAMSBURGTKY.COM TO DOWNLOAD ALL STATE AND CITY FORMS.