



THE  
CITY  
OF

# GUTHRIE

P.O. Box 125  
Guthrie, KY 42234  
270-483-2511 Fax 270-483-0717

## Alcoholic Beverage Control Monthly Sales of Alcoholic Beverage Report

This form must be filed and paid in full by the 20<sup>th</sup> of each month, for the preceding month.

### Section I. All Outlets, Package, Retail, Special License, and Restaurants:

- A. Total Alcohol Sales for reporting period \$ \_\_\_\_\_
- B. Line A times 6% \$ \_\_\_\_\_
- C. Divided Annual License Fee by 12,  
Monthly License Credit \$ \_\_\_\_\_
- D. Interest Owed, if applicable (12% per annum) \$ \_\_\_\_\_
- E. Penalty Owed - For Late Filing \$ \_\_\_\_\_  
\$100.00, 1<sup>st</sup> Offense  
\$200.00, 2<sup>nd</sup> Offense
- F. Net Regulatory Fee Due \$ \_\_\_\_\_  
(Add Lines A, C, & D, Subtract Line B in Sec. III)

I hereby swear/affirm that the statement made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL PREPARING FORM

\_\_\_\_\_  
DATE

NAME OF BUSINESS \_\_\_\_\_

Please make checks payable to:  
**The City of Guthrie**

Please mail to:  
**Alcohol Beverage Control  
PO Box 125  
Guthrie, KY 42234**