



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 20th of each month, for the preceding month.

Name of Licensee: _____

Address: _____

Person Filing Report: _____

Report for Period Ending: _____ Date Filed: _____

Section I. Restaurants Only:

A. Food Sales for Period (in dollars) \$ _____

B. Alcoholic Beverage Sales for Period (in dollars) \$ _____

C. Total Food and Alcoholic Beverage Sales \$ _____

D. Line A Divided by Line C _____ %
 (Determines Percentage of Alcoholic Beverage Sales)

E. Line B Divided by Line C _____ %
 (Determines Percentage of Alcoholic Beverage Sales)

Section II. Retail and Package Stores Only:

A. Non-Alcoholic Beverage Sales for Period \$ _____
 (Package Stores Only, all other N/A)

B. Alcoholic Beverage Sales for Period (in dollars) \$ _____
 (All Retail Outlets)

C. Total of Lines A and B \$ _____

D. Line B Divided by Line C (Package Stores Only) \$ _____

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

- A. **Line B from Section II x 6% Regulatory Fee Due** \$ _____
- B. **Divided Annual License Fee by 12,
Monthly License Credit** \$ _____
- C. **Interest Owed, if applicable (12% per annum)** \$ _____
- D. **Penalty Owed** \$ _____
\$100.00, 1st Offense
\$200.00, 2nd Offense
- E. **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

SIGNATURE OF TAXPAYER

DATE

Please make checks payable to:
The City of Guthrie

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