



THE CITY OF GUTHRIE

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

Monthly ABC Regulatory Report Alcohol Beverages by the Drink

Month Ending: _____ Due on or before: _____

Company Name: _____

Company Address: _____

Account Number: _____

Business License Number: _____

Guthrie ABC License: _____

Kentucky ABC License: _____

- 1. Total Gross Receipts _____
- 2. Gross Receipts from Food Sales _____
- 3. Gross Receipts from Alcohol Sales _____
- 4. Gross Receipts from all Other Sales* _____
- 5. Regulatory Fee Due (6% of Alcohol Sales) _____
- 6. Deduct 1/12 of Prepaid License Fee _____
- 7. Balance Due _____

*All other sales are 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 to the best of my knowledge.

Signature of individual preparing form

Date: _____

Signature of Licensee

Date: _____

Remit Payment To: City of Guthrie, C/O ABC Administrator, P.O. Box 125, Guthrie, KY 42234