

CITY OF GUTHRIE
PO BOX 125, GUTHRIE, KY 42234

Jimmy Covington
Mayor

Alison Blumel
Administrator

MONTHLY FOOD SALES REPORT

NAME OF LICENSEE: _____

ADDRESS: _____

Person Filing Report: _____

Report for Period Ending: _____ **Date Filed:** _____

- | | | |
|-----------|--|-----------------|
| A. | Food Sales for Period (in dollars) | \$ _____ |
| B. | Line A x's 3% | \$ _____ |
| C. | Penalty Owed for late filing
2% of fee due or \$50 (whichever is greater) | \$ _____ |
| D. | Net Regulatory Fee Due
(Add Lines A, B, C, & D) | \$ _____ |

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

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

Please make checks payable to: The City of Guthrie – Tourism

Please mail to:
PO Box 125
Guthrie, KY 42234
270-483-2511