



**ELIZABETHTOWN ALCOHOLIC BEVERAGE CONTROL
REGULATORY LICENSE FEE RETURN
(TEMPORARY EVENT)**

Business Name: _____

Date: _____

Address: _____

License Number: _____

Filing address if other than above:

1. File return even though no license fee is due.
2. Return is due within 20 days following the date for which the report is made.
3. Report changes of ownership or address immediately
4. Prepare return in duplicate and retain one copy.
5. Make check payable to: CITY OF ELIZABETHTOWN
6. Mail to:

CITY ABC ADMINISTRATOR
P.O. BOX 550
ELIZABETHTOWN, KY. 42702-0550

TYPE LICENSE: (() TEMPORARY BEER
 () TEMPORARY WINE
 () DISTILLED SPIRITS

PENALTY: 5% of tax due and not paid by the due date for each thirty (30) days or fraction thereof. Failure to pay within ten (10) days of the due date subjects licensee to suspension revocation.

GROSS ALCOHOL SALES:

8% per annum will apply to any late payment

TOTAL: \$ _____

CERTIFICATION

REGULATORY FEES:

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. I further certify that the mandatory training provision in the ordinance from the Kentucky ABC Education Division is being or will be met as outlined.

4% of alcohol sales: \$ _____

+ Penalty _____

- Credit _____ 50.00

TOTAL PAYMENT: \$ _____
(Not less than zero)

Authorized Signature / Title / Date

<p>FOR ABC USE ONLY</p> <p align="center" style="font-size: small;">January 1, 2016</p>
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