

CITY OF MT. WASHINGTON

ALCOHOLIC BEVERAGE CONTROL MONTHLY LICENSE FEE RETURN

Restaurant: _____ Month ending: _____
Address: _____ License Number _____
Date Due _____

Filing address if other than above:

1. File return even though no license fee is due.
- 2. Return is due 20 days following the month 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 Mt. Washington

Mail to: City of Mt. Washington
Attn: Samantha Davis
P.O. Box 285
Mt. Washington, KY 40047

Gross Sales:

(A.) Food \$ _____
(B.) Other \$ _____
(C.) Alcohol \$ _____
TOTAL \$ _____

PENALTY: The penalty for the failure to pay the fee by the tenth day following the due date is \$50.00 for the first offense. The penalty for the second offense is \$100.00 and \$200.00 for the third offense. Failure to pay within ten days of the due date subjects the licensee to suspension or revocation.

INTEREST: Interest is assessed at 12% per annum of the fee not paid by the due date for each 30 days or fraction thereof.

License Fee:

3% of line (C.) \$ _____
(-) Unused License Fee Credit \$ _____
Net Fee Due \$ _____
(Not less than Zero)
(+) Penalty \$ _____
(+) Interest \$ _____
Total Due \$ _____

CERTIFICATION

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 licensee earned at least fifty (50%) percent of its gross receipts from the sale of food during this reporting period.

Authorized Signature / Title / Date

FOR ABC USE ONLY

Amount \$ _____ Ck# _____ Date received _____