



## Monthly ABC Regulatory Report

Month/Year: \_\_\_\_\_

Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business License Account Number: BL \_\_\_\_\_

1. Total Gross Receipts for sale of Alcoholic Beverages \$ \_\_\_\_\_
2. Regulatory Fee (5%) × 5.00%
3. Multiply line one (1) by line two (2) \$ \_\_\_\_\_
4. Subtract 10% of License fee for 1<sup>st</sup> 10 months  
\_\_\_\_\_ ÷ 10 = \_\_\_\_\_ - \$ \_\_\_\_\_  
(License fee Paid)
5. Total Regulatory fee Due = \$ \_\_\_\_\_
6. Late Fee, if applicable. (5% per month, max 25%,  
Minimum \$25.00) + \$ \_\_\_\_\_
7. Interest, if applicable (1% per month for all late returns) + \$ \_\_\_\_\_
8. Total Fee Due = \$ \_\_\_\_\_

I Hereby certify that the statements made herein and in any supporting schedules are true, correct and completed to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Remit Payment Payable to:

City of Dry Ridge, c/o ABC Administrator, P.O. Box 145, Dry Ridge, KY 41035

**DUE DATE: THE 20<sup>TH</sup> OF THE FOLLOWING MONTH – THE CITY OF DRY RIDGE DOES NOT ACCEPT POSTMARKS.**