

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: Dan Kelty
 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

<u>FOR ABC USE ONLY</u>	
Amount \$ _____ CK# _____	Date received _____