

City of Hartford
Quarterly ABC Regulatory Report
NQ2 Retail Drink License

Quarterly End Date: _____ Due Date: _____

Name: _____

ABC License Number: _____

Address: _____

1. Gross Receipts from Alcohol Sales: _____
2. Regulatory License Fee:
(Multiply Line 1 by 5%) _____
3. **Less** Quarterly Credit Allowed:
(1/4 annual fee) _____
4. Regulatory License Fee Due:
(Subtract Line 3 from Line 2) _____
5. Penalty—5% per month, if not paid within 30 days
(Min. \$10, not to exceed 25% of Line 2) _____
6. Interest—8% per annum:
(if paid after due date) _____
7. Total Regulatory Fee Due: _____

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

_____ Signature of Individual Preparing Return	_____ Date	_____ Signature of Licensee	_____ Date
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1st quarter: Jan.-Mar. **Due April 30**
3rd quarter: Jul.-Sep. **Due October 31**

2nd quarter: Apr.-Jun. **Due July 31**
4th quarter: Oct.-Dec. **Due January 31**

This form must be filed and paid in full by the end of the months of April, July, October, and January.

Remit Check or Money Order Payable to:
City of Hartford
c/o ABC Administrator
116 East Washington Street
Hartford, KY 42347
(270) 298-3612