

City of Hartford
Quarterly ABC Regulatory Report
NQ Retail

Quarter 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 4) _____
6. Interest—8% of Line 4 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
1 st quarter: Jan.-Mar. Due April 30		2 nd quarter: Apr.-Jun. Due July 31	
3 rd quarter: Jul.-Sep. Due October 31		4 th 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