

CITY OF STANTON

Alcohol Beverage Control

Grant Faulkner - Administrator

P.O. Box 970
98 Court St.
Stanton, Ky 40380

Phone: 606-663-1459
Fax: 606-663-5737

Regulatory Fee Monthly Reporting form for the month of _____ 20____

Return is due by the 20th day of each month to indicate the proceeding month's bill.

Total Malt Beverage Sales	\$ _____
Total Liquor/ Mixed Drink Sales	\$ _____
Regulatory Fee 6% of Malt Beverage Sales	\$ _____
Regulatory Fee 6% of Liquor/ Mixed Drink Sales	\$ _____
Total of above lines # 3 & # 4	\$ _____
1/12 of license Fee (credit)	\$ _____
Line 5 minus Line # 6	\$ _____
Penalty & Interest	\$ _____
Total Regulatory Fee Due	\$ _____

Failure to pay monthly remittance within 10 days of the due date constitutes a violation of the ordinance and subjects the licenses to suspension or revocation of all licenses pursuant to the ordinance.

Penalty-25% of the regulatory license fee due

Interest-8% per annum

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

Return must be signed

Signature of preparer

Owner/Manager

Date

Make Checks payable to the City of Stanton ABC, mail return and check to P.O. Box 970 Stanton, Ky. 40380