**City of Louisa**

**Alcoholic Beverages Monthly Report**

Month Reporting:

 Due on: **20th day of the month**

 **Section 1**  **Restaurants/other**

1. Food Sales for the month …………………………………….…………$20.00
2. Alcoholic Beverage Sales for the month……………….…………$30.00
3. Total Food and Alcoholic Beverage Sales for the month….$50.00
4. Line A divided by Line C……………………………………………...……0%
5. **(Determines percentage of Food Sales)**
6. Line B divided by Line C………………………………………….…………0%
7. **(Determines percentage of Alcohol Sales)**
8. Multiply Line B by **5%**.........................................................$0.00

**Section 2 Retail and Package Stores only**

1. Alcoholic Beverage Sales for the month…………………………….$0.00
2. Multiply Line A by **5%**...........................................................$0.00

**Section 3 Calculation of amount due**

1. Add total of line F (section 1) and Line B (section 2)………………..…$0.00
2. License fee adjustment (divide by 12months) monthly License Credit. $0.00
3. Subtract Line 2 from Line 1……………………………………………………….…$0.00
4. **Add Penalty =5% of Line 1 for each 30 days or .017% per day** …..$0.00

 (No less than **$10.00** as per Ordinance)

1. Add Interest on late payment =8% per annum………………………….…$0.00
2. Regulatory Fees Total ……….…………………………………………………………………………...…$0.00

I hereby swear that the above statement is made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.

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Signature of responsible party Date

This return must be filed and paid in full by the **20th of each month**, for the preceding month.

**Please attach supporting documentation.**

**Please make check payable to**

**City of Louisa Attn. ABC Office**

**215 N Main Cross St**

**Louisa, KY 41230**