



CITY OF DAWSON SPRINGS

Chris Smiley
Mayor

Alcoholic Beverage Control

Amie M. Thomas
Administrator

P.O. Box 345, Dawson Springs, KY 42408
(270)797-2781 Fax (270)797-2221
amie.thomas@dawsonspringsky.com

Monthly Sales of Alcoholic Beverage Report

Name of Licensee: _____

Address: _____

Person Filing Report: _____

Report for Period Ending: _____ Date Filed: _____

Section I. Restaurants Only:

- A. Food Sales for Period (in dollars) \$ _____
B. Alcoholic Beverage Sales for Period (in dollars) \$ _____
C. Total Food and Alcoholic Beverage Sales \$ _____
D. Line A Divided by Line C _____%
E. Line B Divided by Line C _____%

Section II Retail and Package Stores Only:

- A. Non Alcoholic Beverage sales for Period \$ _____
B. Alcoholic Beverage Sales for Period (in dollars) \$ _____
C. Total of Lines A and B \$ _____
D. Line B divided by Line C (Package stores only) _____%

Section III All Outlets, Package, Retail, Special License, and Restaurants:

- A. Line B from Section II X 5%, Regulatory Fee Due \$ _____
- B. Divide annual license fee by 12, Monthly License Credit \$ _____
- C. Interest owed, if applicable (12% per annum) \$ _____
- D. Penalty Owed \$ _____
\$50.00, 1st Offense, \$100.00, 2nd Offense,
\$ 200.00, 3rd Offense
- E. Net Regulatory Fee Due \$ _____
(Add lines A, C, and D, Subtract line B in section III)

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

Signature of Individual preparing form Date

Signature of Taxpayer Date

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

Please make checks payable to: City of Dawson Springs

Please mail to: Amie Thomas
Alcoholic Beverage Control Administrator
P.O. Box 345
Dawson Springs, KY 42408