



ABC
ADMINISTRATOR

LA GRANGE POLICE DEPARTMENT

121 W Main Street
La Grange, KY 40031



(502) 225-0444
Fax (502) 225-9783
www.lagrangepoliceky.org

LICENSE FEE CREDIT REQUEST

RENEWAL FEE:

AMOUNT PAID: \$ _____

DATE PAID: _____

BUSINESS NAME (PREMISES ADDRESS):

QUARTERLY STATEMENT PERIOD

_____-_____
MONTHS YEAR

REGULATORY FEE (5%) PAID: \$ _____

AMOUNT OF UNUSED LICENSE FEE CREDIT: \$ _____

I HEREBY SWEAR AND AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

CONTACT EMAIL/NAME FOR NOTIFICATION OF DECISION:

APPROVED / DENIED

Circle One

City of LaGrange ABC Administrator

Date