ABC
ADMINISTRATOR

LA GRANGE POLICE DEPARTMENT

121 W Main Street
La Grange, KY 40031

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

YEAR: ____

QUARTERLY CITY ABC STATEMENT

BUSINESS NAME: _____

PAID ANNUAL FEE: $_____

CURRENT LICENSES HELD:

_____

_____

STATEMENT OF ALCOHOL SALES

QUARTER MONTH		ALCOHOL SALES
_____	…	$_____
_____	…	$_____
_____	…	$_____
QUARTER TOTAL:		**$**_____
REGULATORY FEE (5%):		$_____
LESS CREDIT (¼ LICENSE FEE):		<$_____>
PAYMENT DUE:		**$**_____

*If License Fee credit is larger than the Regulatory Fee due, enter "0" as Payment Due.

- If payment is due, MAKE PAYABLE TO: City of LaGrange -

I HEREBY SWEAR AND AFFIRM THAT THE ABOVE STATEMENTS ARE THE TRUE GROSS RECEIPTS OF ALL ALCOHOL SALES AND THE PAYMENT DUE IS AN ACCURATE REGULATORY LICENSE FEE DUE TO THE CITY OF LA GRANGE.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

EMAIL ADDRESS: _____