

**CITY OF OLIVE HILL**  
**Monthly Alcoholic Beverage Regulatory Report**

Vendor Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Month Ending: \_\_\_\_\_

**Due:** \_\_\_\_\_

Federal ID No. \_\_\_\_\_

1. Gross Receipts from Food Sales \$ \_\_\_\_\_ (1)
2. Gross Receipts from Alcohol Sales: \$ \_\_\_\_\_ (2)
3. Regulatory Fee  
    (a) For sales by drink for consumption on premises – multiply line 2 by 4% (.04); enter on this line \$ \_\_\_\_\_ (3)(a)  
    (b) For all other sales of alcoholic beverages - multiply line 2 by 6% and enter that amount on this line \$ \_\_\_\_\_ (3)(b)
4. **Gross Regulatory Fee** (Add Lines 3(a) and 3(b) And enter here) \$ \_\_\_\_\_ (4)
5. Regulatory Fee Adjustment (Licensee is entitled to an adjustment not to exceed the amount equal to the amount of the annual License Fee paid to the City of Olive Hill – enter amount of license fee paid to City of Olive Hill for the License that expires \_\_\_\_\_ on this line) \$ \_\_\_\_\_ (5)
6. **Total Regulatory Fee** (Subtract Line 5 from Line 4 and enter that amount on this line) \$ \_\_\_\_\_ (6)
7. **Late Penalty** – 5% of Line 6 (add additional 5% for each 30 days or fraction thereof). \$ \_\_\_\_\_ (7)
8. **Interest for Late Payment** – 8% per annum on amount of late payment \$ \_\_\_\_\_ (8)
- Total Due: (Add Lines 6, 7 & 8)** \$ \_\_\_\_\_

- Does Licensee have written records showing the amount and cost of all alcoholic beverages products it acquired for sale during the period relating to this report? Yes \_\_\_\_ No \_\_\_\_
- Does Licensee have written records and receipts showing all alcoholic beverage sales transactions for the period relating to this report? Yes \_\_\_\_ No \_\_\_\_
- Has Licensee prepared or does the Licensee maintain written records supporting the amount of state sales tax it is required to pay from the sales of alcoholic beverage sales transactions for the period relating to this report? Yes \_\_\_\_ No \_\_\_\_
- Does Licensee agree to submit to the City a complete copy of all documents and information Licensee has submitted or will be submitting to the state in connection with payment of sales tax due from alcoholic beverage sales transactions for the period relating to this report? Yes \_\_\_\_ No \_\_\_\_

**I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

(Cash Payment Not Acceptable) Make Check or Money Order to: City of Olive Hill – Note on face of Instrument or Draft “Regulatory Fees”.