

CITY OF FRANKLIN
QUARTERLY ABC REGULATORY REPORT
ALCOHOLIC BEVERAGES BY THE DRINK

2nd Quarter Ending 6-30-20__

Due on or before 7-31-20__

Company Name _____

Company Address _____

Account # _____

Business License # _____

Franklin ABC License # _____

Kentucky ABC License # _____

1. Total Gross Receipts _____
2. Gross Receipts from Food Sales _____
3. Gross Receipts from Alcohol Sales _____
4. Gross Receipts from All Other Sales* _____
5. Regulatory Fee Due (8% of Alcohol Sales) _____
6. Deduct ¼ of Prepaid License Fee _____
7. **Balance Due** _____

*All other sales are any money that your restaurant received excluding alcohol and food sales.
(Do not include Sales Tax in figures above)

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Individual Preparing Return

Date

Signature of Licensee

Date

REMIT PAYMENT TO:
CITY OF FRANKLIN
C/O ABC ADMINISTRATOR
P.O. BOX 2805
FRANKLIN, KY 42135