

**CITY OF FRANKLIN**  
**QUARTERLY ABC REGULATORY REPORT**  
**RETAIL SALES OF PACKAGE ALCOHOL**

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**3<sup>rd</sup> Quarter Ending 9-30-20\_\_**

**Due on or before 10-31-20\_\_**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

Account # \_\_\_\_\_

Business License # \_\_\_\_\_

Franklin ABC License # \_\_\_\_\_

Kentucky ABC License # \_\_\_\_\_

- |   |       |
|---|-------|
| 1. Gross Receipts from Alcohol Sales                    | _____ |
| 2. Regulatory Fee Due (5% of Alcohol Sales)             | _____ |
| 3. Deduct ¼ of Prepaid License Fee                      | _____ |
| 4. Subtotal   | _____ |
| 5. Interest at 8% Per Annum From Due Date               | _____ |
| 6. Penalty at 5% Per 90 Days ( <b>minimum \$25.00</b> ) | _____ |
| 7. <b>Total Due</b>                                     | _____ |

**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**