



Russell County Alcohol Beverage Control
P.O. Box 981, Jamestown, KY 42629
Office: 270/343-1408 Fax: 270/343-2708

Month End Date: _____

Business Name: _____

County ABC License Number(s): _____

Location Address: _____

1. Gross Receipts from Alcohol Sales: \$ _____

2. Regulatory Fee – 6% of Line 1 \$ _____

3. Less Application & License Credit Allowed \$ _____
(Subtract Application & License Fee Paid until full credit given)

4. Adjustments (Debits or Credits) \$ _____

5. Subtotal - Regulatory Fee Due \$
(Subtract Line 3 & 4 from Line 2)

6. Penalty For Late Payment – 5% of Line 5 \$ _____
(\$10 minimum, 25% maximum of line 5)

7. Interest For Late Payment – 8% of Line 5 \$ _____

8. Total Regulatory Fee Due: \$
(Lines 5 + 6 + 7)

If business is in Jamestown city limits – gross Sunday sales: \$ _____

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 Date

Print Name Title

DUE BY THE 15th OF THE MONTH

Remit Check or Money Order Payable to:
Russell County ABC
P.O. Box 981 or deliver to
410 Monument Square, Suite 205
Jamestown, KY 42629