



122 West Cumberland Ave, PO Box 265, Grand Rivers, KY 42045  
(270) 362-8272 Fax (270) 362-2572

**REGULATORY LICENSE FEE RETURN**

Name \_\_\_\_\_

Ky. Sales Tax No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tax Month \_\_\_\_\_

Location (If other than Mailing Address) \_\_\_\_\_

- 1. File return even though no tax is due
- 2. Return is due the 15<sup>th</sup> day of each month proceeding the end of month for which report is made.
- 3. Report changes of address or ownership immediately.
- 4. Prepare this return and retain a copy.

*There shall be imposed a penalty of \$50.00 for the first offence and \$100.00 on the second offence and \$200.00 on the third offence on any unpaid taxes on the thirty-first (25<sup>th</sup>) day following the close of the tax month. There shall begin to accrue and be added on said date interest of six percent (12%) per annum until all taxes are paid.*

- 1. Gross Alcohol Receipts \$ \_\_\_\_\_
- 2. Tax 5% of Line 1.....\$ \_\_\_\_\_
- 3. Less Cost of License \$ \_\_\_\_\_  
(If Applicable)
- 3. Penalty and/or Interest...\$ \_\_\_\_\_
- 4. Total Payment Due.....\$ \_\_\_\_\_

I hereby certify that the statements made herein and any supporting schedules are true, correct and complete to the best of my knowledge.

**RETURN MUST BE SIGNED**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Preparing Return

\_\_\_\_\_  
Official Title: Owner, Manager, etc.

**MAKE CHECKS PAYABLE TO THE CITY GRAND RIVERS**  
MAIL CHECKS TO: P.O. BOX 265, GRAND RIVERS, KY 42045