

BI-ANNUAL ALCOHOLIC BEVERAGE REPORT

Date: _____

Business Owner(s): _____

Business Name _____

Address: _____

Phone: _____

KY ABC License #: _____

City ABC License #: _____

TOTAL GROSS RECEIPTS FROM THE SALE OF FOOD: _____

TOTAL GROSS RECEIPTS FROM THE SALE OF ALCOHOL: _____

In addition to the above information, I agree to provide tax returns, receipts, or any other business records which the administrator may request in order to verify the information contained in this report.

By my signature, I certify that I am in compliance and will abide by all state and local regulations.

DATE

BUSINESS OWNER SIGNATURE

The foregoing instrument was acknowledged before me this ____ day of _____, 2017 by _____. My Commission Expires _____.

Notary Public State at Large, Kentucky

STATE of KENTUCKY
County of Washington