



Powell County Fiscal Court

Monthly Alcoholic Beverage Regulatory Fees



- | | | |
|----|--------------------------------------------------------|----------|
| 1. | Gross Receipts for the month | \$ _____ |
| 2. | Regulatory Fee 6% of line1 | \$ _____ |
| 3. | 1/12 of license fee (credit) | \$ _____ |
| 4. | Line 2 minus Line#3 | \$ _____ |
| 5. | Penalty- 5%of the Regulatory fee each (90)days late | \$ _____ |
| 6. | Interest- 8% per annum will apply to all late payments | \$ _____ |
| 7. | Total Regulatory Fee Due | \$ _____ |

****Failure to pay monthly remittance within 10 days of the due date constitutes a violation of the ordinance and subjects the licenses to suspension or revocation of all licenses pursuant to the ordinance.**

I hereby certify that the information and statements filed herewith are true and correct.

Signed _____

OfficialTitle _____ Date _____

Account No.

Phone Number

FOR PERIOD ENDING		
Month	Day	Year
RETURN DUE ON OR BEFORE		
Month	Day	Year

FED ID No.

Make checks payable and mail to:

Powell County Fiscal Court
 PO Box 506
 Stanton KY 40380

Phone: (606) 663-2834
 Fax: (606) 663-2905

Indicate any name or address change above.

Return is due by the 15th day of each month to indicate preceding month's information. Please make a copy for your records.