

City of Marion

Alcoholic Beverage Control

217 South Main Street, Marion, KY 42064

Monthly Sales of Alcoholic Beverages Report

Form due by the 20th of each month for the preceeding month

Name of Licensee: _____

Address: _____

Person Filing Report: _____

Report for Period Ending: _____ Date Filed: _____

Section I. (Restaurants Only):

- A. Food Sales for Period (in dollars)
- B. Alcoholic Beverage Sales for Period (in dollars)
- C. Total Food and Alcoholic Beverage Sales
- D. Line "A" Divided by Line "C"
(determines percentage of food sales)
- E. Line "B" Divided by Line "C"
(determines percentage of alcoholic beverage sales)

Section II. (Retail and Package Stores Only):

- A. Non-Alcoholic Beverage Sales for Period
(Package Stores Only, all others N/A)
- B. Alcoholic Beverage Sales for Period (in dollars)
(All Retail Outlets)
- C. Total of Lines "A" and "B"
- D. Line "B" divided by Line "C" (Package Stores Only)
(Determines Percentage of Alcoholic Beverage Sales)

Section III. All Outlets: Package, Retail, Special License and Restaurants:

- A. Line "B" from Section II X 5% Regulatory Fee Due
- B. Divide Annual License Fee by 12, Monthly License Credit
- C. Interest Owed, (if applicable 8% per annum)
- D. Penalty Owed (if applicable):

	Not Less Than	
1st Offense:	5.0%	\$10.00
2nd Offense:	5.0%	\$10.00
3rd Offense:	5.0%	\$10.00
- E. Net Regulatory Fee Due
(Add Lines "A", "C" and "D", Subtract Line "B" in Section III)

Please make checks payable to: City of Marion

I hereby swear/affirm that the statement made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.

Signature of Individual Preparing Form

Signature of Taxpayer

Date: _____

Date: _____