

Scott County Kentucky

Alcohol Beverage - Food Sales Requirement Report

Name of Licensee:	<input type="text"/>	Phone:	<input type="text"/>
Mailing Address:	<input type="text"/>	Fax:	<input type="text"/>
City, ST ZIP:	<input type="text"/>	E-mail:	<input type="text"/>
Property Address:	<input type="text"/>		

I have conducted a limited scope audit according to accepted accounting principles of the pertinent records of this Licensee.

I hereby certify that the Licensee above earned the minimum food sales requirement stipulated for the quarter ending: _____.

(MINIMUM FOOD SALES REQUIREMENT IS 50%)

The Licensee derived _____% of its gross sales from food and _____% of its gross receipts from the sale of alcohol.

The methodology utilized in determining the certified percentage was:

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 of individual preparing return:

Official Title: Phone:

Attach to quarterly tax return and mail to:
Phone: 502-863-7887

Scott County Treasurer
P.O. Box 973
Georgetown, KY 40324