



**NEWPORT**  
KENTUCKY

City of Newport  
Department of Finance  
License Division

**202\_**

CN-3R

## Annual Reconciliation of ABC Regulatory Fee

**Business:**

**1** Regulatory Fee paid for each quarter listed below:

1st Qtr	Jan 1 - March 31	\$	-
2nd Qtr	April 1 - June 30	\$	-
3rd Qtr	July 1 - Sept 30	\$	-
4th Qtr	Oct 1 - Dec 31	\$	-

**1a** Total Amount Paid (1st qtr thru 4th qtr =) \$ -

**2** Gross Receipts from the retail sale of alcohol (Jan. 1 thru Dec. 31, 202\_) \$ -

**2a** Regulatory Fee Due - ( Line 2 x 2.5% ) \$ -

**2b** If line 2a is *greater than* line 1a, enter difference here : \$ -

**2c** If line 2a is *less than* line 1a, enter difference here : \$ -

**3** \*Newport ABC License fees Paid for 202\_ (Dec.1, 202\_ thru Nov. 30,202\_) \$ -

\*Some licenses do not qualify for the Credit (i.e. Extended Hours, Distillers, Rectifiers)

**4** ABC Regulatory Credit:

**4a** If line 2a is *greater than or equal* to line 4, Enter line 4 here:  

**4b** If line 2a is *less than* line 4, Enter line 2a here: \$ -

**4c** Enter amount from 2b here as *negative* (additional Fee Due): \$ -

**4d** Enter amount from 2c here as *positive* (additional Credit Due): \$ -

**5** Total Credit Due ( sum of lines 4a thru 4d): \$ -

**IMPORTANT: Attach a copy of the 202\_ ABC sales report with this filing.**

I hereby certify that this information is true and correct.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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