

CITY OF FLATWOODS
DECLARATION OF ESTIMATED
GROSS RECEIPTS LICENSE FEE

BUSINESS NAME: _____

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REPORT TOTAL **ESTIMATED RECEIPTS** FOR THE FOLLOWING PERIOD:

FISCAL YEAR

JULY 1, _____ THROUGH JUNE 30, _____

- | | |
|----------------------------------------------------|----------|
| 1. ESTIMATED GROSS RECEIPTS FOR THE ABOVE PERIOD | \$ _____ |
| 2. LICENSE FEE DUE (BASED ON SCHEDULE ON BACK) | \$ _____ |
| 3. MINUS OVER PAYMENT (PRIOR YEAR) (IF APPLICABLE) | \$ _____ |
| 4. NET LICENSE FEE DUE (LINE 2 LESS LINE 3) | \$ _____ |

QUARTERLY PAYMENTS DUE ON OR BEFORE:

OCTOBER 15, _____ JANUARY 15, _____ APRIL 15, _____ JULY 15, _____

PLEASE MAKE CHECK PAYABLE TO:

CITY OF FLATWOODS
2513 REED STREET
FLATWOODS, KY 41139