



# Oldham County Kentucky

## Alcohol Beverage - Food Sales Requirement Report

Name of Licensee:

Phone:

Mailing Address:

Fax:

City, ST ZIP:

E-mail:

Property Address:

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:

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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:

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Attach to quarterly tax return and mail to:

Phone: 502-222-9357

Oldham County Treasurer  
100 West Jefferson Street, Suite 4  
La Grange, KY 40031