

**QUARTERLY RETURN OF TRANSIENT ROOM LICENSING FEE  
BOURBON COUNTY, KENTUCKY**

Name: \_\_\_\_\_

Quarter Ending: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

1. File return even though no tax is due.
2. Return is due 30 days following month for which report is made.
3. Report changes of ownership or address immediately.
4. Prepare this return in triplicate and retain a copy.

Location: (if other than mailing address) \_\_\_\_\_

A. Total Rooms Available \_\_\_\_\_  
B. Percent of Occupancy \_\_\_\_\_  
C. Average Room Rate \_\_\_\_\_

1. Gross Room Rentals \_\_\_\_\_  
2. Tax - 3% of Line 1 \_\_\_\_\_  
3. Penalty - 10 % \_\_\_\_\_  
4. Interest - 1/2 % - 1% \_\_\_\_\_  
4. Total Payment \_\_\_\_\_  
5. Check No. \_\_\_\_\_ Date of Check \_\_\_\_\_

Interest - 10 % penalty for non-payment in 30 days together with interest at the rate of one-half of one percent (1/2%) for each month of delinquency, or fraction thereof, until paid.

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RETURN MUST BE SIGNED: 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 - Owner, Partner, Manager, President

\_\_\_\_\_  
Date

MAKE CHECK PAYABLE AND MAIL TO:      The City of Paris  
Attn: Treasurer  
525 High Street  
Paris, KY 40361