

FORM CC 1

CITY OF COVINGTON
LICENSE DEPARTMENT
638 MADISON AVENUE
COVINGTON, KY. 41011-2298

EMPLOYERS' QUARTERLY RETURN OF LICENSE FEE WITHHELD

Under City of Covington Ordinance 0-70-66 (As amended)

I DELCARE, UNDER THE PENALTIES OF PERJURY, THAT THIS RETURN HAS BEEN EXAMINED BY ME
AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE RETURN.

DATE SIGNATURE TITLE

Name and Address

Account No.

Quarter Ending

1	Total Earnings Paid All Employees	\$
2	Earnings For Services Outside Covington	
3	Earnings Subject to License Fee	
4	Actual Fee at 2½%	
5	Penalty 5% Per Month	
6	Interest (1% of line 4 per month or fraction thereof)	

7	TOTAL	\$
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