



City of Williamstown, KY

Monthly Safety Assessment Report

Month/Year: _____

Name: _____

Location Address: _____

1. Ticket Sales For Reporting Month \$ _____
2. Safety Assessment Fee: Multiply Line 1 by \$0.50 \$ _____
3. Total Safety Assessment Fee Due

\$ _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Print Name

Work Number

Remit Check or Money Order Payable to: City of Williamstown,
c/o City Clerk, Vivian Link, P.O. Box 147, Williamstown, KY 41097
DUE DATE: THE 20TH OF THE FOLLOWING MONTH.

Per Safety Assessment Fee Ordinance No. 2017-03
A copy of the complete Ordinance can be found at www.wtownky.org