



## Alcohol Beverage Quarterly Report: Restaurant

Return form to:  
Tracy Ashby, City Clerk  
City of Clarkston  
1055 Rowland Street  
Clarkston, Georgia 30021  
Office 404-296-6489

Quarter \_\_\_\_\_

Year \_\_\_\_\_

Total food sales \_\_\_\_\_

Total liquor sales \_\_\_\_\_

Total beer/wine sales \_\_\_\_\_

Total other \_\_\_\_\_

Total All Sales \_\_\_\_\_

(This is any other income you have from cover charges, parking fees, non-full time employees, entertainment, and promotional items or events.)

**This report is due on the last day of the month after each calendar quarter (January 31, April 30, July 31, and October 31).** Failure to comply with the reporting requirements will be reported to the Alcohol Review Committee and could jeopardize your license.

**A copy of each of the following supporting documents must be attached to this form:**

- 1. Form 941: Employer's Quarterly Federal Tax Return.**
- 2. Form DOL-4: Employer's Quarterly State Tax and Wage Report.**
- 3. Form ST-3 or ST-3EZ: State Sales Tax and Use Report (for each month of the quarter being reported).**

I do hereby swear and affirm that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may come under the review of the Alcohol Review Committee and could jeopardize my license. I understand that the City of Clarkston reserves the right to enforce any and all Ordinances regardless of payment of fee and further that it is my/our responsibility to conform to said Ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language and I freely and voluntarily have completed this filing. I understand that it is a felony to make false statements or writings to the City of Clarkston pursuant to O.C.G.A. § 16-10-20.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of business

\_\_\_\_\_  
Business Owner Phone Number

\_\_\_\_\_  
Email