



Alcohol Beverage Quarterly Report: Restaurant

Return form to:
City of Clarkston
Attn: City Clerk's Office
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