

TOWN OF TALLULAH FALLS
ALCOHOLIC BEVERAGE CONSUMPTION ON PREMISES LICENSEE
BUSINESS VOLUME REPORT

(DUE BY THE 20TH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S SALES)

Remit to: PO Box 56, Tallulah Falls, GA 30573 or clerk@tallulahfallsga.gov

Business Name: _____

Location: _____

Name of License Holder: _____

Calendar Month Reporting: _____

INCOME RECEIVED FROM:

- | | |
|---|----------|
| 1. SALE OF ALCOHOLIC BEVERAGES | \$ _____ |
| 2. SALE OF PREPARED FOODS | \$ _____ |
| 3. SALE OF PREPACKAGED FOODS | \$ _____ |
| 4. VENDING MACHINES | \$ _____ |
| 5. OTHER FOOD (specify) _____ | \$ _____ |
| 6. SUBTOTAL OF ALL FOOD SALES (add lines 2 -5) | \$ _____ |
| 7. TOTAL BUSINESS VOLUME FOOD AND ALCOHOL (add lines 1+6) | \$ _____ |

I hereby declare that the above return is true to the best of my knowledge and belief.

Printed Name

Title

Signature

Date

Office use only – QUARTERLY CALCULATED FOOD SALES/TOTAL SALES _____
Probation _____