SUNDAY SALES OF ALCOHOLIC BEVERAGES

Business Name _____

Location of Business _____

For Period Beginning _____ _____, 20_____
month *day* *year*

Through Period Ending _____ _____, 20_____
month *day* *year*

*For annual renewal of a Sunday Sales license, provide **one year** of data, beginning with the most recent full month and including the eleven months previous to it.*

	GROSS RECEIPTS	PERCENTAGE OF TOTAL GROSS RECEIPTS
Food	$_____	_____%
Alcoholic Beverage	$_____	_____%
Total Gross Receipts	$_____	100%

I certify under penalty of perjury that this is a true and correct report.

_____
Signature of Certified Public Accountant

Printed Name of CPA _____

Telephone Number of CPA _____

Georgia State License Number of CPA _____

~ ~

Form received by _____ *on* _____, *20*_____

Approved / Denied (circle one) by _____ *on* _____, *20* _____

P.O. Box 2749 – 403 Butler Avenue, Tybee Island, Georgia 31328-2749
(912) 786-4573
www.cityoftybee.org