CITY OF SNELLVILLE
ALCOHOLIC BEVERAGE BY THE DRINK EXCISE TAX REPORTING FORM

MONTHLY PERIOD REPORTED ____________________

Business Name & Address ______________________________________________________

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A. INVENTORY REPORTING
List your inventory purchases from licensed
Wholesaler for monthly period reported.
(Distilled Spirits Only--Excludes Malt Beverages)
Wholesaler Name  In Liters  In Ounces

1.__________________________________________
2.__________________________________________
3.__________________________________________
4.__________________________________________
5.__________________________________________
6. TOTAL VOLUME PURCHASED __________________________
7. BEG. INVENTORY _______________________
8. END. INVENTORY _______________________
9. LINES (6+7)-8= __________________________

Avg. Ounces per Drink Sold____________________
Avg. Price per Drink Sold _____________________

B. EXCISE TAX REPORTING
1. City Alcohol Beverage Lic. # _________________
   State Distilled Spirits License # _______________
   Occupation Tax Certificate # _________________
2. Gross Alcoholic Beverage by the Drink Retail Sales:
3. Tax: 3% of Line 2: ________________________
4. Less 3% of Line 3 ONLY on timely returns (those paid & received before the 10th):
5. PENALTY – Add 10% of Line 3 (those payments received after the 20th)
   TOTAL REMITTED: ____________________

PLEASE MAKE CHECK PAYABLE TO:
CITY OF SNELLVILLE
PLANNING & DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA  30078
(770) 985-3513

Remit on or before the 10th day of the month. See Section 6-234 of the City of Snellville Alcoholic Beverage Ordinance.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN, AND IN ANY SUPPORTING SCHEDULES, ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER GUARANTEE TO KEEP AND PRESERVE SUITABLE RECORDS OF THE SALES SUBJECT TO SUCH TAX FOR A MINIMUM PERIOD OF THREE YEARS.

Printed Name ___________________________ Signature of Preparer ___________________________ Phone # ___________________________