

**CITY OF CALHOUN  
POST OFFICE BOX 248  
CALHOUN, GEORGIA 30703-0248  
(706) 629-0151  
QUARTERLY REPORT FOR LIQUOR POURING LICENSEES**

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\_\_\_\_\_  
Name of Licensee

\_\_\_\_\_  
Address of Licensee

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Period of Report

Gross receipts for sale of food for quarter: \_\_\_\_\_

Gross receipts for sale of alcoholic beverages for quarter: \_\_\_\_\_

This report is to be remitted by the 15<sup>th</sup> day of the month following each calendar quarter. Failure to file a report promptly may result in the suspension or revocation of the license.

**“I hereby state that the above is a true and accurate report of gross sales of food and alcoholic beverages for the period as stated above.”**

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public