

**CITY OF CALHOUN
POST OFFICE BOX 248
CALHOUN, GEORGIA 30703-0248
(706) 629-0151
ANNUAL REPORT FOR ALCOHOL POURING LICENSEES
DUE NOVEMBER 15 EACH YEAR**

Name of Licensee

Address of Licensee

Telephone Number

	JUNE	JULY	AUGUST
Gross Sale of Food	\$ _____	\$ _____	\$ _____
Gross Sale of Malt Beverages & Wine	\$ _____	\$ _____	\$ _____
Gross Sale of Distilled Spirits	\$ _____	\$ _____	\$ _____
Gross Sales of other items	\$ _____	\$ _____	\$ _____

This report is to be remitted by the 15th day of November each year. Failure to file a report promptly may result in the suspension or revocation of the license.

Please include Sales and Use tax returns for all three months.

I certify that I am the licensee on record and that the above is a true and accurate report of gross sales of food and all alcoholic beverages for the third quarter as stated above. I understand that I may be asked for additional information pertaining to this report.

Signature of Licensee

Date

Return completed forms to Calhoun City Clerk, P.O. Box 248, Calhoun, GA 30703