

# DEKALB COUNTY SUNDAY SALES APPLICATION

Business Name

Alcohol License Number

Business Address

City State Zip

**This affidavit must be fully completed, signed by licensee and notarized.** Renewals are due by November 30 for the next calendar year. Renewals submitted after November 30 will be charged a ten (10) percent late payment penalty and interest charges on one (1) percent per month or fraction of a month. The annual license fee is \$1100.00. New applicants will pay a pro-rated license fee which includes the month of application, plus the remaining months in the calendar year.

\$1100.00	+		+		=	
License Fee		10% Penalty		Interest Charges		Amount

The following information must be provided for the last twelve months the business was open. If the Business has been open less than twelve months, please provide actual sales for time open.

1. Period for which information is provided. \_\_\_\_\_
2. Gross receipts/salse from food and food service. \$ \_\_\_\_\_ = ( ) %
3. Gross receipts/sales from beer, wine and/or liquor. \$ \_\_\_\_\_ = ( ) %
4. Total of food and beverage sales (lines 2 & 3) for this period. \$ \_\_\_\_\_ = (100% )

Briefly describe the method by which sales are totaled daily into the food and beverage service amounts.

\_\_\_\_\_  
\_\_\_\_\_

I certify that I have a working knowledge of the books and records of the above establishment and to the best of my knowledge that these figures are true and correct. I hereby affirm in accordance with DeKalb County Ordinances 4-128; 4-149; and 4-164 that at lease 60% of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sales of food and food products. I further affirm that DeKalb County may request an audit, at any time, at the licensee's expense to verify these figures. I acknowledge Sunday Sales are only authorized from 12:30 noon Sunday until 2:55 a.m. Monday Morning.

**THIS FORM MUST BE FULLY COMPLETED, SIGNED AND NOTARIZED. INCOMPLETE FORMS WILL BE RETURNED.**

\_\_\_\_\_  
Name of Preparer (please print or type)

\_\_\_\_\_  
Name of Licensee (please print or type)

\_\_\_\_\_  
Signature of Preparer

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

\_\_\_\_\_  
Date

Sworn under oath on this \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Notary Signature and Seal

**Do not mail personal or business checks. Return original with a cashiers check or money order for the exact amount due payable to DeKalb County Revenue and License.**

**Mail to:  
DeKalb County Internal Audit & License  
P.O. Box 100020  
Decatur, Georgia 30030  
(404) 371-2661**

AL2245



**DEKALB COUNTY, GEORGIA**  
Division of Internal Audit and Licensing  
330 W. Ponce De Leon Ave.  
Decatur, Georgia 30031

**RENEWAL - SEE REVERSE SIDE**