



**Department of Planning & Sustainability
Division of Business Licensing
330 Ponce De Leon Ave., Decatur, GA 30030**

ALCOHOL SUNDAY SALES RENEWAL APPLICATION - 2019

Business Name:
Address:

Account Number:

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. The annual license fee is \$1100.00.

$$\frac{\$1,100.00}{\text{License Fee}} + \frac{\text{_____}}{10\% \text{ Penalty}} + \frac{\text{_____}}{\text{Interest Charges}} = \frac{\text{_____}}{\text{Amount}}$$

Renewals postmarked after November 30 is consider late and will be charged penalty and interest.

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/sales 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 least 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 2:30 a.m. Monday Morning.

Note: Incomplete forms will be returned to you to be fully completed.

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 Business License.

Mail to:
Department of Planning & Sustainability
Division of Business Licensing
PO Box 100020
Decatur, GA 30031-7020