



4362 Peachtree Rd
Brookhaven, GA 30319
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Food Sales and Alcoholic Beverage Affidavit

****Does Not Apply to Retail Package****

Name of Establishment: _____

Address of Establishment: _____

Food Sales and Alcoholic Beverage Sales. Final reports must be attached to support the reported sales totals. This information must be provided from the financial records of the above establishment on a calendar-year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED: _____
(If existing business, must be 12-month period. If new business must be 12-month estimate)

Gross Receipts from Food Sales this period: \$ _____ (_____ %)

Gross Receipts from Alcoholic Beverage Sales this period: \$ _____ (_____ %)

Total Food Sales and Alcoholic Beverage Sales this period: \$ _____ (100 %)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:

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 City of Brookhaven Alcoholic Beverage (Chapter 4) Ordinance **that at least 60% (25% but not more than 75% for Tavern/Pub) of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sale of prepared meals and food products.** I further affirm that City of Brookhaven may request an audit, at any time, at the licensee's expense to verify these figures.

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 Public Signature