City of Peachtree City
151 Willowbend Road
Peachtree City, GA 30269
Phone: 770-487-7657
Fax: 770-631-2505
PeachtreeCityGA.gov

Office of the City Clerk

QUARTERLY SUNDAY SALES REPORT

Business Name:	**Phone Number:**
Due the 20th Day of April, July, October, January	**For Period Ending (circle one):** **March 31, _____** **June 30, _____** **September 30, _____** **December 31, _____**
Gross Receipts – FOOD (Year to Date)	**$**
Gross Receipts – ROOM RENTAL (Year to Date)	**$**
Gross Receipts – ALCOHOLIC BEVERAGE (Year to Date)	**$**
Gross Receipts – OTHER SOURCES (Year to Date)	**$**
TOTAL GROSS RECEIPTS (Year to Date)	**$**

I certify under penalty of perjury that this is a true and correct report as required by City Ordinance.

_____
Signature of Person Preparing Report

Printed Name of Person Preparing Report: _____

Telephone Number of Person Preparing Report: _____