2665 Buford Hwy
Atlanta, GA 30319
Main 404-637-0500
Fax 404-637-0501
Brookhaven, GA | Official Website

Account#:_____ Business Name:_____ DBA: _____

CITY OF BROOKHAVEN SUNDAY SALES RENEWAL APPLICATION

Only complete if you participate in Sunday Sales **(Consumption on Premise Only)**

Name of Business: _____

Business Address: _____

This affidavit must be fully completed, signed by licensee and notarized. Renewals are due by November 30th for the next calendar year. Renewals submitted after November 30th will be charged a ten (10) percent late payment penalty and interest charges of one (1) percent per month or fraction of a month.

The following information must be provided for the last twelve months that the business was open. If the business has been open less than twelve (12) months, please provide actual sales for the 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 how the sales are totaled or divided 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 the City of Brookhaven Alcoholic Beverage (Chapter 4) Ordinance **that are least 60% (50% for establishments selling distilled spirits) of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sale of food and food products.** I further affirm that the City of Brookhaven may request an audit, at any time, at the licensee's expense to verify these figures.

THIS FORM MUST BE FULLY COMPELTED, SIGNED AND NOTARIZED. INCOMPLETE FORMS WILL BE RETURNED TO YOU.

_____ _____

Name of Preparer (please print or type) **Name of Licensee (please print or type)** _____

_____ _____

Signature of Preparer **Signature of License** **Date**

Sworn under oath on this ---------- _____ _____

Month Day Year **Notary Signature and Seal**