City of Holly Springs
P.O. Box 990
Holly Springs, GA 30142
www.hollyspringsga.us
Office: 770-345-5536
Fax: 770-345-0209

Liquor Pouring Tax Invoice for Month of

_____, _____
(month) (year)

Business Name: _____

Business Address: _____

_____

Business Phone: _____

Email Address: _____

Total Sales:_____

x .03

Total Due: _____

Signature: _____

Taxes are due by the 10th of each month. Please return top portion of form with your payment (Sec. 6-49 Excise Tax). Penalty of 10% of the required fee is due if not paid by the due date (Sec. 6-52 Penalty for late fee payment).

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_____, _____
(month) (year)

Liquor Pouring Tax paid $_____ on (date) _____