COWETA COUNTY
BUSINESS LICENSE

22 East Broad Street
Newnan, Georgia 30263
Phone 770-254-2626
Fax 678-854-0021
coweta.ga.us
jmthompson@coweta.ga.us

QUARTERLY SALES REPORT

Business Name:_____ Phone:_____

Address:_____

Name & Phone Number of Preparer of this Report:_____

_____

Quarter Ending Date:_____

REPORT DUE TO COWETA COUNTY 30 DAYS AFTER EACH QUARTER TO AVOID REVOCATION OF ALCOHOL LICENSE

E-MAIL REPORTS TO JMTHOMPSON@COWETA.GA.US

	THIS QUARTER	YEAR TO DATE
GROSS RECEIPTS (FOOD)	**$**_____	**$**_____
	%_____	**%**_____
GROSS RECEIPTS (ALCOHOL)	**$**_____	**$**_____
	%_____	**%**_____
TOTAL GROSS RECEIPTS	**$**_____	**$**_____

In Accordance with the alcohol ordinance, Coweta County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and that the information contained in these documents are true, correct and complete. By signature below, I do solemnly swear, subject to criminal penalties for false swearing, that information contained in the application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

_____ _____

Printed Name of Licensee **Date**

_____

Signature of Licensee