COWETA COUNTY
FINANCE

22 East Broad Street
Newnan, GA 30263
www.coweta.ga.us
770-254-2607
Fax - 770-252-6407

Mixed Drink Report

Business Name _____ Phone _____

Address _____ Licensee _____

_____

License Representative, if applicable _____

MONTH ENDING _____

Payment must be received by the 20th day of each month for the preceding month's report.

1. Gross Receipts from Distilled Spirits by the Drink Sales $ _____
2. 3% County Excise Tax Collected (3% of Line 1) $ _____
3. Less 3% Collection Fee (3% of Line 2)(if submitted by the 20th) $ _____
4. Add 15% Penalty for payment received after the 20th $ _____
5. Total Tax Remitted $ _____

Total: $ _____

I (we) do solemnly swear subject to criminal penalties for false swearing, that the information contained herein is true, and no false or fraudulent information is made herein. I (we) further swear that all records required under the Alcoholic Beverage Ordinance of Coweta County are maintained and open for inspection by authorized agents of the County.

Date _____ _____
Printed Name/Signature of person responsible for filing this report

Date _____ _____
Printed Name/Signature of Licensee or License Representative