



# CITY OF ALPHARETTA

## VERIFICATION OF ALCOHOL COMPLIANCE FORM

This form must be completed by all establishments holding a license for Consumption On The Premises and returned to the City Finance Department by no later than the 20th day of each month. If the 20th day of a month falls on a weekend or recognized holiday for which City business offices are closed, the completed form must be submitted by the preceding business day. Completed forms should be faxed to 678-297-6064 or mailed to:

City of Alpharetta  
Finance Department  
2 Park Plaza  
Alpharetta, GA 30009

Send Questions To:  
[financecst@alpharetta.ga.us](mailto:financecst@alpharetta.ga.us)

Please make extra copies of this form for your later use.

Licensee Name: \_\_\_\_\_ Account #: \_\_\_\_\_

License Type: \_\_\_\_\_

Report For Calendar Month: \_\_\_\_\_ 20 \_\_\_\_

### LICENSEES NOT LOCATED IN HOTELS / MOTELS

Gross Food Sales:	(a)	_____
Alcohol Beverage Sales:	(b)	_____
Beer And Wine:	(c)	_____
Liquor:	(d)	_____
Multiply Line (d) by 3%	(e)	_____
Discount: Multiply Line (e) x 3% (If Paid By 20th Day Of The Month) *	(f)	_____
Net Tax Due: Subtract Line (f) From Line (e) **	(g)	_____

\* 3% of taxes due allowed as a deduction if payment is received by the 20th day of the month following the month covered by this report.

\*\* Check, American Express, Visa, Master Card, Discover, and Wire Transfer payments accepted. Payments received after due date are subject to additional late fees and interest charges.

### LICENSEES LOCATED WITHIN HOTELS / MOTELS

Gross Food Sales of Prepared Meals or Food and Retail of Rooms For Overnight Lodging	(a)	_____
Alcohol Beverage Sales:	(b)	_____
Beer And Wine:	(c)	_____
Liquor:	(d)	_____
Multiply Line (d) by 3%	(e)	_____
Discount: Multiply Line (e) x 3% (If Paid By 20th Day Of The Month) *	(f)	_____
Net Tax Due: Subtract Line (f) From Line (e) **	(g)	_____

\* 3% of taxes due allowed as a deduction if payment is received by the 20th day of the month following the month covered by this report.

\*\* Check, American Express, Visa, Master Card, Discover, and Wire Transfer payments accepted. Payments received after due date are subject to additional late fees and interest charges.

The undersigned certifies that he / she is the licensee or is authorized by the licensee to report the foregoing information. The undersigned further certifies and represents that the foregoing data is true and correct, and that the licensee has complied with the terms of the Ordinance governing on premises consumption of alcoholic beverages.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Tel #: \_\_\_\_\_ Email: \_\_\_\_\_