



CITY OF RIVERDALE ALCOHOL LICENSE
971 WILSON RD
RIVERDALE, GA 30296
PHONE (770) 909-5482 FAX (770) 991-9917
FOOD SALE AND ALCOHOL BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS OF ESTABLISHMENT: \_\_\_\_\_

FOOD SALES AND ALCOHOLIC BEVERAGE SALES.

Financial reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals.

This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED: \_\_\_\_\_

Gross Receipts from Food Sales this period: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)

Gross Receipts from Alcoholic Beverage Sales this period: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)

Total Food Sales and Alcoholic Beverage Sales this period: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales. Attach additional pages if necessary:

\_\_\_\_\_

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

I hereby affirm that I understand that the privilege of selling alcoholic beverages requires a valid alcoholic beverage pouring license, and that at least 51% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food.

I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license. I further affirm that I understand that the City of Riverdale Business and Alcohol Divisions may audit our records to verify the same at its discretion.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY PUBLIC SIGNATURE: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

THIS FORM MUST BE COMPLETED IN FULL FOR PRIVILEGE POURING LICENSE TO BE ISSUED