



City of Newnan, Georgia

Quarterly Sales Report

P.O. Box 1193

Newnan, GA 30264

(770) 254-2351

QUARTERLY SALES REPORT

Business Name: _____ Phone: _____

Address: _____

Name & Phone Number of Preparer of this Report: _____

Quarter Ending Date: _____

*** Report due to City of Newnan 30 days after end of each quarter.*

	THIS QUARTER	YEAR-TO-DATE
Gross Receipts for Food	\$ _____	\$ _____
(Please include non-alcoholic beverage sales receipts in this amount.)		
	% _____	% _____
Gross Receipts for Alcoholic Beverages	\$ _____	\$ _____
	% _____	% _____
TOTAL GROSS RECEIPTS	\$ _____	\$ _____

Note: Please do not include admission fees, cover/minimum charges or any non-food charges in the total sales reported. Additionally, these fees/charges are not to be included as food or beverage sales.

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 City of Newnan Alcoholic Beverage Ordinance are maintained and open for inspection by authorized agents of the City.

Printed Name of Licensee _____

Date _____

Signature of Licensee _____