

CITY OF OAKWOOD
P.O. BOX 99
OAKWOOD, GA 30566

770-534-2365

CONSUMPTION LICENSES' BUSINESS VOLUME REPORT
MALT BEVERAGE & WINE LICENSES

Business Name and Location _____ License # _____

Manager's Name _____ Owner's Name _____

Business Volume Report for Calendar Month of _____ 20 _____

INCOME RECEIVED FROM:

- | | |
|---|----------|
| 1. SALE OF ALCOHOLIC BEVERAGE | \$ _____ |
| 2. Cover or Admission Charges | \$ _____ |
| 3. Amusement or Entertainment Charges (Not Vending) | \$ _____ |
| 4. Vending Machines | \$ _____ |
| 5. Others (Specify) | \$ _____ |
| 6. Sub-Total | \$ _____ |
| 7. Sales of Prepared Foods | \$ _____ |
| 8. Total | \$ _____ |

In compliance with Chapter 6 of the Oakwood City Code of Ordinances this report must be filed by the 20th day of the month following the month for which the report is made.

Attach a copy of Georgia Sales Tax Report for period reported.

I certify that this report has been examined by me and is a true and complete return for the period stated.

Name _____ Title _____ Date _____