



BARTOW COUNTY

Community Development Department ~ Alcohol License Division

SALES AFFIDAVIT

Business Name _____

License Number _____

Business Location _____

I, the undersigned, do certify that the following is a true and correct accounting of sales reported on the attached Georgia State Sales Tax Report form for the period of _____.

A copy of the monthly Georgia Sales Tax Report for each month reported is required to be attached.

SALES

Beer and/or Wine....	\$ _____
Sales of Groceries and Food Products...	\$ _____
Other Sales.....	\$ _____
Total Sales.....	\$ _____

ATTACH A COPY OF GEORGIA SALES & USE TAX REPORT FOR THE PERIOD REPORTED (ST-3)

I swear or affirm that the information provided in this affidavit is true and correct.

Authorized Signature

Date

Sworn to and subscribed before me

This _____ day of _____, 20____

Notary Public, State of Georgia

My commission expires: _____

SEAL