



Cobb County  
Business License Division  
P.O. Box 649  
Marietta, Georgia 30061-0649  
Phone 770-528-8410/ Fax 770-528-8414

**FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT**

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

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

LICENSEE'S NAME \_\_\_\_\_ BUSINESS LICENSE # \_\_\_\_\_

**I. 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 \_\_\_\_\_  
(IF EXISTING BUSINESS, MUST BE 12 MONTH PERIOD. IF NEW BUSINESS, MUST BE 12 MONTH ESTIMATE)

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: \_\_\_\_\_

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.

\_\_\_\_\_  
CPA NAME (PRINTED) NAME OF CPA FIRM

\_\_\_\_\_  
CPA SIGNATURE BUSINESS ADDRESS

\_\_\_\_\_  
CITY PHONE #

SWORN UNDER OATH THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**II.** I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 12:00 midnight requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 50% 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, including a Sunday Sales pouring license. I further affirm that I understand that the Cobb County Business License Division may audit our records to verify same at its discretion.

\_\_\_\_\_  
SIGNATURE LICENSEE/OWNER

SWORN UNDER OATH THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**THIS FORM MUST BE COMPLETED IN FULL OR NO PRIVILEGE POURING LICENSE WILL BE ISSUED.**