

# **Alcohol Beverage Tax Monthly Report – Restaurant**

**Remit payment to:**

Sharee Steed, City Clerk  
City of Hapeville  
3468 North Fulton Avenue  
Hapeville, Georgia 30354  
Office 404-766-3004 Fax 404-669-3302  
[ssteed@hapeville.org](mailto:ssteed@hapeville.org)

Month \_\_\_\_\_

Liquor (straight or shots) \_\_\_\_\_  
by the drink

Mixed drink sales \_\_\_\_\_  
By the drink

Amount of tax @ 3% \_\_\_\_\_

Less 3% administrative fee \_\_\_\_\_

Net amount due \_\_\_\_\_

This report is due and payable on the **20<sup>th</sup> day of each month following the month of collection.** Failure to comply with the reporting requirements will be reported to the Alcohol Review Board and could jeopardize your license.

**A copy of the following supporting document must be attached to this form:**

**1. Form ST-3 or ST-3EZ: Georgia Department of Revenue State Sales and Use Report.**

**\*Taxpayers not filing this report on or before the due date shall not be entitled to the administrative fee and any tax due shall bear interest at the rate of ¾ % per month until said tax is paid.**

I do hereby swear and affirm that the information provided herein is true, complete, and accurate, and I understand that any inaccuracies may come under the review of the Alcohol Review Board and could jeopardize my license. I understand that the City of Hapeville reserves the right to enforce any and all Ordinances regardless of payment of fee and further that it is my/our responsibility to conform to said Ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language and I freely and voluntarily have completed this filing. I understand that it is a felony to make false statements or writings to the City of Hapeville pursuant to O.C.G.A. § 16-10-20.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Business