

CITY OF ELBERTON, GEORGIA
Monthly Alcoholic Beverage License Report

NAME _____
 ADDRESS _____

CITY LICENSE NO. _____
 MONTH OF _____

CONTAINERS BY THE OUNCE:

	7	8	10	12	14	16	20	22	22	24	26	32	38	40	45	1-1/8	2-1/4	1/8	1/4	1/2	
DISTRIBUTORS:																					
GA Crown Dist.																					
Classic City Beverages																					
Leon Farmer																					
Northeast Sales Dist.																					
General Wholsaler's																					
United Distributing																					

I certify, under penalty of perjury, that this is a true and correct report of malt beverage transactions during the month shown above and that at the time of each delivery, the purchaser was furnished a true and correct invoice describing each transaction within the taxing jurisdiction.

Instructions for completing form:
 1. Enter the number of containers purchased for each purchase next to the distributors name.
 2. Attach copies of the invoices provided by distributors.
 3. Sign and forward all information to the Finance Dept, 203 Elbert Street Elberton, GA 30635 by the **10th** of each month.

SIGNED _____
 TITLE _____

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