

CITY OF ELBERTON
Monthly Alcoholic Beverage License Report
Due by the 10th of each month

NAME _____
 ADDRESS _____

CITY LICENSE NO. _____
 MONTH OF _____

CONTAINERS DETERMINED BY THE CASE:

DISTRIBUTORS:	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	
GA Crown Dist.																					
Classic City Beverages																					
Leon Farmer																					
Northeast Sales Dist.																					
General Wholsaler's																					
United Distributing																					
Savannah Distributing																					
List Others:																					

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.

SIGNED _____

TITLE _____

Instructions for completing form: (address questions to 706-213-3119)

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 City of Elberton, Customer Service Center located at 230 N. McIntosh Street, Elberton, GA 30635.

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