



CITY OF NORTHPORT
 (205) 339-7000 Fax (205) 333-3016

MONTHLY LIQUOR LICENSE REPORT OF GROSS RECEIPTS

REPORTING PERIOD _____

MAIL THIS RETURN WITH REMITTANCE TO:
 CITY OF NORTHPORT
 P.O. BOX 569
 NORTHPORT, AL 35476

Taxpayer ID:

Name:

Address:

City, State, Zip:

TOTAL AMOUNT ENCLOSED

\$	
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Check here if this is a final return

Check here for additional forms

Out of Business Date: _____

Type of Tax/Tax Area	Monthly Gross Receipts*	Rate	License Due
City		7%	
Police Jurisdiction		3.5%	
Penalty (20% First month, 10% each month after)			
Total Due			

This report must be filed with the Finance Department on or before the **15th of each month** for the preceding month's sales. Delay in filing this report subjectu the license to the applicable rate of penalty.

The report above is a due and correct report and correctly shows the total gross sales of all liquor sold by such licensee during the preceding month.

Date _____ Title _____

Signature _____

BY CHECKING THIS BOX, I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS: The information contained in this document is true and correct and may be relied upon by the City of Northport. By typing my name and by checking this box, this acknowledges that I am bound by this document just as if I had signed the document rather than typed my name to this document.

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*The term "gross receipts", when used to denote receipts from the sales of alcoholic beverages, shall mean and include the total receipts from the sale of any drink mixture containing an alcoholic beverage or beverages.