

RETURN ORIGINAL OF THIS FORM TO  
**BANKS COUNTY COMMISSIONERS**  
150 HUDSON RIDGE, SUITE 1  
HOMER, GEORGIA 30647

FOR MONTH ENDING \_\_\_\_\_

|                                 |
|---------------------------------|
| BUSINESS NAME AND ADDRESS BELOW |
|---------------------------------|

REPORT OF 60/40 FOOD/ALCOHOL SALES RATIO  
BANKS COUNTY, GEORGIA

REPORT DUE BY 20<sup>TH</sup> OF EACH MONTH

|                                       |  |
|---------------------------------------|--|
| <b>GROSS SALE OF FOOD</b>             |  |
| <b>GROSS SALE OF ALCOHOL</b>          |  |
| <b>TOTAL GROSS SALES FOOD/ALCOHOL</b> |  |

I DECLARE UNDER OATH THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT AND THAT THE BUSINESS (IS) (IS NOT) IN COMPLIANCE WITH THE 60/40 FOOD/ALCOHOL SALES RATIO OF BANKS COUNTY, GEORGIA. [strike through (IS) or (IS NOT) to make the statement accurate].

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

(Seal of Notary)