CITY OF NORTHPORT

(205) 339-7000 Fax (205) 333-3016

MONTHLY LIQUOR LICENSE REPORT OF GROSS RECEIPTS

REPORTING PERIOD_____

Taxpayer ID:

Name:
Address:
City, State, Zip:

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

TOTAL AMOUNT ENCLOSED

$

☐ **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 subject 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 _____

*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.