



ANCILLARY RETAIL PACKAGE STORE AFFIDAVIT APPLICATION

THE ALCOHOLIC BEVERAGE ORDINANCE, SECTION 6-1204 (A) DEFINES ANCILLARY RETAIL PACKAGE STORE AS A CLASS E LICENSE HOLDER AND REFERS TO AN ESTABLISHMENT THAT:

(1) Engages in the retail sale of malt beverages or wine in unbroken packages, not for consumption on the premises; and

(2) Derives from such retail sale of malt beverages or wine in unbroken packages less than 25 percent of its total annual gross sales.

- COMPLETE THE AFFIDAVIT AND SUBMIT TO THE CITY REVENUE DEPARTMENT ALONG WITH THE ALCOHOLIC BEVERAGE APPLICATION;
- TO BE AUTHORIZED TO DISPENSE ALCOHOLIC BEVERAGES FOR OFF PREMISES CONSUMPTION;
- AN ANCILLARY RETAIL PACKAGE STORE IS PROHIBITED FROM DISTRIBUTING, DISPENSING OR SELLING BOTTLED DISTILLED SPIRITS.

1. License year _____

2. Date _____

3. NAME OF ESTABLISHMENT _____

4. ADDRESS _____

5. Phone _____

6. ABL APPLICANT _____ (Must be same as person holding alcoholic beverage license)

7. Alcohol LICENSE # _____ BUSINESS TAX CERTIFICATE # _____

PERIOD FOR WHICH INFORMATION IS PROVIDED: _____

Gross Receipts for Non-Alcoholic Sales from the previous year	\$ _____	_____ %
Gross Receipts for Alcoholic Beverage sales from the previous year	\$ _____	_____ %
Total revenues from Non-Alcoholic sales and Alcoholic Beverage sales	\$ _____	_____ 100%

Briefly describe the method by which receipts are segregated daily non-alcoholic beverage sales (attach if needed)

TAKE NOTICE: ANY FALSE STATEMENT MADE ON THIS AFFIDAVIT SHALL BE GROUNDS FOR:

- (a) Revocation of your City license to sell alcoholic beverages at any time;
- (b) Action to prosecute you under the law for swearing to false information.

ALL ABOVE INFORMATION IS GIVEN UNDER OATH, WILLFULLY, KNOWINGLY, AND ABSOLUTELY, AND IS HEREBY SWORN TO BE TRUE, CORRECT, AND COMPLETE, UNDER PENALTY FOR FALSE SWEARING, AS PROVIDED BY LAW.

Sworn to and subscribed before me
this _____ day of _____, 20_____

Applicant's Signature

Notary Public

Date Signed by Applicant

ACCOUNTANT'S CERTIFICATION OF REVENUES

I certify that I have reviewed financial records of the business described above and based on my review of the records provided and to the best of my knowledge the revenue information given in question 8(A) truly and correctly represents the allocation of revenues of the business.

CPA Firm

CPA Name

CPA Signature

CPA Phone Number

Date