

**City of Harrison**  
**HOTEL / MOTEL / RESTAURANT MIXED DRINK**  
**ON PREMISES CONSUMPTION**  
**Supplemental Beverage License Fee**

Supplemental beverage fees are due (postmarked) by the 20th of the month following the reporting month.

For the Month of \_\_\_\_\_ 20\_\_\_\_\_

Establishment Name \_\_\_\_\_

Address \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_

Line 1. Gross Receipts from Alcohol Sales (Excluding Beer & Wine) ..... \$ \_\_\_\_\_

Line 2. Harrison Supplemental Beverage License Fee Due (10% of Line 1) \$ \_\_\_\_\_

Line 3 Penalty Due for Late Payment (12.5% of Line 2) ..... \$ \_\_\_\_\_

Line 4 Total Remittance ..... \$ \_\_\_\_\_

**Make check payable to City of Harrison and mail with report to:**

City of Harrison  
Attn: Accounting Division  
P.O. Box 1715  
Harrison, AR 72602

I declare under penalty of perjury, that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner, Partner or Corporate Officer

\_\_\_\_\_  
Social Security #

**OVERPAYMENTS OF \$5.00 OR LESS WILL NOT BE REFUNDED**