

City of Harrison
OFF PREMISES CONSUMPTION
Supplemental Beverage License Fee

Use This Form for Monthly Submission of Fees

Supplemental Beverage License 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 _____

- 1. Gross receipts from alcoholic beverage sales (Package Beer and Wine) \$ _____
- 2. License Fee - 1/2 of 1% (line 1 x.005) \$ _____
- 3. Penalty after the 20th (12.5% of line 2) \$ _____
- 4. Total remittance \$ _____

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

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 #

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

OVERPAYMENTS OF \$5.00 OR LESS WILL NOT BE REFUNDED