

Quarterly Liquor Sales Report - Restaurant Class C

Business Name: _____ **Permit #:** _____

Report Period: April 1st, 20__ thru June 30th, 20__ due on or before August 1st, 20__

Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales		
Alcoholic Liquor Sales		
Total Sales		

I hereby certify that, to the best of my knowledge and belief, the above statements are true, accurate, and complete. I fully recognize that falsifying this information could result in one or more of the following actions: criminal prosecution of myself, loss of liquor license, suspension of liquor license and fine up to \$3,500. Furthermore, as the preparer of this form, I acknowledge that I am either: Certified Public Accountant, Tax Attorney, or licensed Tax preparer, in the State of Illinois.

Preparer's Notarized Signature

SEAL

License Holder's Notarized Signature

SEAL

Preparer's Printed Name, Address and Phone:

This form must be complete, notarized and mailed to the following address before required due date:

Michael James, Liquor Commissioner
211 S. Seminary St.
PO Box 18
Downs, Illinois 61736