



# Quarterly Liquor Sales Report Restaurant Class C

**Business Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

Report Period: January 1<sup>st</sup>, 20\_\_ thru March 31<sup>st</sup>, 20\_\_ due on or before May 1<sup>st</sup>, 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 Printed Name, Address and Phone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Preparer's Notarized Signature

\_\_\_\_\_  
License Holder's Notarized Signature

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_.

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Signature

Notary Seal

Notary Seal

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