



ABC ALCOHOL RENEWAL

Name of Business _____

Check If Final Return

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SSN/FEIN: _____ Phone: _____ Contact Name: _____

PREPARER'S NAME

PREPARER'S PHONE NUMBER

- | | | |
|-----|---|----------|
| 1. | Total gross receipts for the above year: | \$ _____ |
| 2. | Total Beer and /or Liquor sales for the above year: | \$ _____ |
| 3. | NQ 1 License: \$800.00 | \$ _____ |
| 4. | NQ 2 License: \$210.00 | \$ _____ |
| 5. | NQ 3 License: \$315.00 | \$ _____ |
| 6. | NQ 4 License: \$210.00 | \$ _____ |
| 7. | NQ Retail Malt Beverage Package License: \$210.00 | \$ _____ |
| 8. | Quota Retail Package (Distilled Spirits/Wine): \$630.00 | \$ _____ |
| 9. | Quota Retail Drink License (Distilled Spirits/Wine): \$630.00 | \$ _____ |
| 10. | Special Temporary License (Combo License): \$105.00 | \$ _____ |
| 11. | Special Sunday Retail Drink License: \$105.00 | \$ _____ |
| 12. | Extended Hours License (Up to Five (5) Total): \$210.00 | \$ _____ |
| 13. | Malt Beverage Brew-on Premises License: \$50.00 | \$ _____ |
| 14. | Malt Beverage Brewers License: \$250.00 | \$ _____ |
| 15. | PENALTY (*10%) | \$ _____ |
| 16. | INTEREST (**12% per year, or 1% per month) | \$ _____ |
| 17. | Total license fee paid (Lines 3 through 8) | \$ _____ |



***PENALTY IS ASSESSED IF PAYMENT IS NOT RECEIVED BY JANUARY 31ST.
INTEREST IS DUE AT THE RATE OF 12% PER YEAR, OR 1% PER MONTH ON ANY UNPAID LICENSE TAX.

DENIAL TO DELINQUENT TAXPAYERS

NO LICENSE WILL BE ISSUED TO ANY BUSINESS OR BUSINESS OWNER WHICH OWES THE CITY OF OAK GROVE ANY DELINQUENT REAL ESTATE OR TANGIBLE TAXES, ANY OCCUPATIONAL OR PAYROLL WITHHOLDING LICENSE FEES, ANY OTHER FEES, TAXES, OR ASSESSMENTS OF ANY KIND.

****PLEASE BE ADVISED THAT YOU ARE RESPONSIBLE FOR NOTIFYING THE CITY IF THERE IS A CHANGE IN NAME, ADDRESS, PHONE NUMBER OR ANY SUCH INFORMATION THE CITY SHOULD KNOW WHEN CONTACTING YOU. IF YOU DO NOT ADVISE THE CITY OF ANY INFORMATION CHANGE, YOU WILL BE HELD RESPONSIBLE FOR ANY CONSEQUENCES THIS MAY CAUSE.****

I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Title

Date

Printed Name

OFFICIAL USE:

License # _____

Invoice # _____

Date: _____