

NAME: _____



DATE: _____, 20__

CITY OF FAIRHOPE
P.O. DRAWER 429
FAIRHOPE, AL 36533

LIQUOR PURCHASES FOR THE MONTH OF _____, 20__

PURCHASES: _____

TAX: _____

PENALTY: _____

TOTAL DUE: _____

BY: _____

TITLE: _____

(CITY TAX IS 10% OF TOTAL PURCHASES - 5% IN POLICE JURISDICTION)
**THIS REPORT IS DUE ON THE 10TH OF EACH MONTH AND IF NOT PAID
BY THE 15TH A PENALTY OF 15% OF THE ABOVE TAX SHALL BE ADDED.**