Name of Business: _____

_____

Business Address: _____

_____

_____

Avenu Account No.:_____

Toll Free Phone: (800) 556-7274
Toll Free Fax: (844) 528-6529

Email: businesslicensesupport@avenuinsights.com
Website: www.avenuinsights.com

Business License Renewal
PO Box 830900
Birmingham, AL 35283-0900

CITY OF BROOKHAVEN SUNDAY SALES APPLICATION

Only Complete if you participate in Sunday Sales (Consumption on Premise Only)

This affidavit must be fully completed, signed by licensee and notarized. Renewals are due by November 30th for the next calendar year. Renewals submitted after November 30 will be charged a ten (10) percent late payment penalty and interest charges of one (1) percent per month or fraction of a month.

The following information must be provided for the last twelve months that the business was open. If the business has been open less than twelve (12) months, please provide actual sales for time open.

1. Period for which information is provided. _____
2. Gross receipts/sales from food and food service. $ _____= (_____) %
3. Gross receipts/sales from beer, wine and/or liquor. $ _____ = (_____) %
4. Total of food and beverage sales (lines 2 & 3) for this period. $ _____ = (100) %

Briefly describe how the sales are totaled or divided into the food and beverage service amounts:

_____

I certify that I have a working knowledge of the books and records of the above establishment and to the best of my knowledge that these figures are true and correct. I hereby affirm in accordance with City of Brookhaven Alcoholic Beverage (Chapter 4) Ordinance **that at least 60% (50% for establishments selling distilled spirits) of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sale of food and food products.** I further affirm that City of Brookhaven may request an audit, at any time, at the licensee's expense to verify these figures.

THIS FORM MUST BE FULLY COMPLETED, SIGNED AND NOTARIZED. INCOMPLETE FORMS WILL DELAY THE ISSUANCE OF A LICENSE.

_____ _____
Name of Preparer (please print or type) Name of Licensee (please print or type)

_____ _____ _____
Signature of Preparer Signature of Licensee Date

Sworn under oath on this _____ - _____ - _____ _____
Month Day Year Notary Signature

Notary Stamp

Return the original application with payment for the exact amount due to
Brookhaven Business License Renewal • PO Box 830900 ● Birmingham, AL 35283-0900

All Sunday Sales must be approved by the City. Avenu will present your application to the city on your behalf.