

Name of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Avenu Account No.: \_\_\_\_\_



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

Email: [businesslicensesupport@avenuinsights.com](mailto:businesslicensesupport@avenuinsights.com)  
 Website: [www.avenuinsights.com](http://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 30<sup>th</sup> 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.