

BOARD OF LICENSE COMMISSIONERS  
6200 BALTIMORE AVENUE  
3<sup>RD</sup> FLOOR  
RIVERDALE PARK, MARYLAND 20737  
301-699-2770  
www.princegeorgescountymd.gov/BOL/

**SUNDAY SALES AFFIDAVIT**  
**FILE BY APRIL 15<sup>TH</sup>**  
**FEE \$770.00**

Trade Name of Business: \_\_\_\_\_  
Corporate Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

I HEREBY VERIFY, That the following analysis of total food sales and total alcoholic beverage sales were compiled utilizing normal accounting practices. The sales listed below accurately represents the sales for September through February.

<u>TOTAL DAILY SALES FOR THE MONTH OF:</u>	<u>ON SALE FOOD ONLY</u>	<u>ON SALE ONLY OF ALCOHOLIC BEVERAGES</u>
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
January	_____	_____
February	_____	_____

\_\_\_\_\_  
Signature Title Telephone Number

**The Board has authority to audit the financial records and the backup material used to compile this affidavit. The Board reserves the right to audit the financial information and revoke the license if the information does not support the affidavit filed.**

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STATE OF \_\_\_\_\_: \_\_\_\_\_ County SS:

I hereby certify that this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath in due form of law that the above statement are true and correct to the best of his/her knowledge.  
Witness my hand and seal.

My Commission Expires: \_\_\_\_\_  
Notary Public

**THIS AFFIDAVIT IS DUE ON OR BEFORE APRIL 15<sup>TH</sup>, and is to be accompanied by the fee of \$770.00, in the form of a certified check, cashier's check or money order, payable to Prince George's County. An Administrative Processing Fee will be added after April 15<sup>th</sup>.**

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***SUNDAY SALES AFFIDAVIT  
FILE BY OCTOBER 15<sup>TH</sup>***

Trade Name of Business: \_\_\_\_\_  
 Corporate Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

I HEREBY VERIFY, That the following analysis of total food sales and total alcoholic beverage sales were compiled utilizing normal accounting practices. The sales listed below accurately represents the sales for March through August.

<u>TOTAL DAILY SALES FOR THE MONTH OF:</u>	<u>ON SALE FOOD ONLY</u>	<u>ON SALE ONLY OF ALCOHOLIC BEVERAGES</u>
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____

\_\_\_\_\_  
 Signature Title Telephone Number

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 STATE OF \_\_\_\_\_ : \_\_\_\_\_ County SS:

I hereby certify that this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath in due form of law that the above statement are true and correct to the best of his/her knowledge.

Witness my hand and seal.

My Commission Expires: \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public

**THIS AFFIDAVIT IS DUE ON OR BEFORE OCTOBER 15TH. No fee is due at this time (payable in April). An Administrative Processing Fee will be added after October 15<sup>th</sup>.**

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***TEMPORARY SUNDAY SALES AFFIDAVIT***

Date: \_\_\_\_\_

Trade Name of Business: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I HEREBY VERIFY, That the following analysis of total food sales and total alcoholic beverage sales were compiled utilizing normal accounting practices.

<u>TOTAL DAILY SALES</u>	<u>ON</u>	<u>ON SALE ONLY</u>
<u>FOR THE MONTH OF:</u>	<u>SALE FOOD ONLY</u>	<u>OF ALCOHOLIC BEVERAGES</u>

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Signature	_____ Title	_____ Telephone Number
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**The Board has authority to audit the financial records and the backup material used to compile this affidavit. The Board reserves the right to audit the financial information and revoke the license if the information does not support the affidavit filed.**

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STATE OF \_\_\_\_\_ : \_\_\_\_\_ County SS:

I hereby certify that this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath in due form of law that the above statement are true and correct to the best of his/her knowledge.

Witness my hand and seal.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public