

***SUNDAY SALES AFFIDAVIT
FILE BY OCTOBER 1st***

**BOARD OF LICENSE COMMISSIONERS
9200 BASIL COURT, SUITE 420
LARGO, MARYLAND 20774
301-583-9980
<http://bolc.mypgc.us>**

TRADE NAME	
CORPORATE NAME	
ADDRESS	
PHONE NUMBER	

I HEREBY CERTIFY, that the following analysis of total food sales and total alcoholic beverage sales were compiled utilizing normal accounting procedures. The sales listed below accurately represent the **TOTAL SALES FOR EVERYDAY OF THE MONTH** for March through August.

MONTH OF:	TOTAL MONTHLY SALES FOR ON SALE OF FOOD:	TOTAL MONTHLY SALES FOR ON SALE OF ALCOHOLIC BEVERAGES:
March		
April		
May		
June		
July		
August		

Signature

Title

Telephone Number

The Board has the 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.

STATE OF _____ : _____ County SS:

I hereby certify that this _____ day of _____, _____, personally appeared _____ and made oath in due form of law that the above statements 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 1st.

No fee is due at this time (payable in April).

An Administrative Processing Fee will be imposed if this affidavit is not filed by October 1st.