

City of Springdale
HOTELS, MOTELS, RESTAURANTS OR LARGE ATTENDANCE
FACILITIES-ON PREMISES CONSUMPTION
 5% Supplemental Beverage Tax

Reporting Month/Year:
Name:
Address:
City/State/Zip:
Contact Phone Number:
ABC Permit type/Permit number:

DUE BY THE 20TH OF EACH MONTH

1. Gross Receipts- Alcoholic Beverages*	\$
2. Total Remittance = 5% of Line 1	\$

(*Do not include sales of beer, wine, light wine, or malt liquor containing less than 5% alcohol by weight)

I declare, under penalty of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Date: _____ Signature: _____

Mail payment with this report and a copy of your State supplemental tax return to:
 City Clerk, City of Springdale
 201 Spring Street
 Springdale, AR 72764
 For Questions, please call (479) 750-8118