

**City of Springdale**  
**PRIVATE CLUB REPORT - 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 20<sup>TH</sup> OF EACH MONTH**

1. Gross Receipts-Mixed Drinks	\$
2. Gross Receipts-Wine	\$
3. Total Gross Receipts (Line 1 and 2)	\$
4. Total Remittance = 5% of Line 3	\$

(Note: Attach a copy of State supplemental tax return)

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