SUNDAY SALES (RENEWAL) AFFIDAVIT

The City of Pooler permits eating establishment (restaurants) holding a license to dispense alcoholic beverages for consumption on the premises under certain conditions.
To be authorized to dispense alcoholic beverages for consumption on Sunday, an establishment must:

(A) Be licensed by the City to sell alcoholic beverages by the drink for consumption on the premises;

(B) Be an eating establishment whose primary business is the sale of prepared meals;

(C) Derive at least 50 percent of its total annual gross food and beverage sales from the sale of prepared meals or food;

(D) Have its primary floor area specifically designed, set aside, set up and operating to serve meals and food on the premises and shall have a fully-equipped commercial kitchen to include inappropriate stove, refrigerator, food preparation area, sink and other items required by the county health department and city inspections department for the preparation of food;

(E) Have a printed or posted menu from which selections of prepared meals can be made;

(F) Provide full food service to the public during its entire operating hours, including Sunday; and

(G) Include the following certified affidavit from your certified public accountant (CPA) or Registered public accountant (RPA) and submit it along with the required Sunday sales renewal payment.

Name of business_____

Location _____Phone _____

ACCOUNTANT'S CERTIFICATION OF REVENUES

I hereby certify that I have reviewed and attest to the accuracy of the financial records supplied to me from the food serving establishment described above; and further attest that the establishment derived at least50 percent of its gross revenues for the last 12 months of business under present or previous ownership, from the sale of prepared meals.

_____   _____
Public Accounting   Firm Date

_____   _____
Accountant Printed Name   Certifying Signature

_____   Sworn to and subscribed before me
License Number
                                                 this _____ day of _____, 20_____.

                                                 _____
                                                                        Notary Public