

ELIZABETHTOWN ALCOHOLIC BEVERAGE CONTROL  
QUARTERLY LICENSE FEE RETURN SCHEDULE

**SCHEDULE C - CATERED EVENT**

(Separate Schedule C for each event catered must be attached to Quarterly Return)

DATE OF EVENT: \_\_\_\_\_

TIME: BEGINNING AT \_\_\_\_\_ ENDING AT \_\_\_\_\_

FUNCTION CATERED: \_\_\_\_\_  
\_\_\_\_\_

LOCATION: \_\_\_\_\_  
\_\_\_\_\_

HOST: \_\_\_\_\_

|     |               |          |
|-----|---------------|----------|
| 35% | FOOD SALES    | \$ _____ |
|     | OTHER SALES   | \$ _____ |
|     | ALCOHOL SALES | \$ _____ |
|     | <b>TOTAL</b>  | \$ _____ |

Any incident reports made? Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATION**

I declare under the penalties of perjury, that this schedule has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. I further certify that the Licensee earned at least seventy (70%) of its gross receipts from the sale of food at this catered event.

\_\_\_\_\_  
**Authorized Signature / Title / Date**