

**ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**

# Quarterly Statement Filing for Restaurant and Hotel Licensees

<b>Q1:</b> Jan - Mar    Statement due: Apr 30	<b>Q2:</b> Apr - Jun    Statement due: Jul 30
<b>Q3:</b> Jul - Sept    Statement due: Oct 30	<b>Q4:</b> Oct - Dec    Statement due: Jan 30

Quarter:

Calendar Year:

Enter the requested information below in the appropriate box. When finished, you may submit the form by either (1) Scanning the document and attaching it to an email addressed to [QuarterlyFiling.ABRA@dc.gov](mailto:QuarterlyFiling.ABRA@dc.gov), (2) Mailing the form (certified mail preferred) or Hand Deliver to ABRA at 2000 14th Street NW, Suite 400S, Washington, DC 20009, or (3) Faxing the form to ABRA at (202) 442-9563. Additionally, you can make your submission by using the online application available on ABRA's website at [ABRA.dc.gov](http://ABRA.dc.gov).

## LICENSE INFORMATION

1. Trade Name: <input type="text"/>	5. License Number: <input type="text"/>
2. Address: <input type="text"/>	6. License Class: <input type="text"/>
3. Owner: <input type="text"/>	7. Fed. Emp. ID # (FEIN): <input type="text"/>
4. Number of seats available to patrons: <input type="text"/>	8. Establishment Phone #: <input type="text"/>

## SALES

9. Sales of food for the Calendar Year indicated above .....	\$	<input type="text"/>
10. Sales of alcoholic beverages for the Calendar Year indicated above: .....	\$	<input type="text"/>
11. Total sales of food and alcoholic beverages (add lines 9 and 10): .....	\$	<input type="text"/>
12. Amount of miscellaneous sales: .....	\$	<input type="text"/>
13. <b>TOTAL GROSS SALES</b> (add lines 11 and 12): .....	\$	<input type="text"/>
14. Percentage of alcoholic beverage sales (divide line 10 by line 11, then multiply by 100): .....	%	<input type="text"/>
15. Percentage of food sales (divide line 9 by line 11, then multiply by 100): .....	%	<input type="text"/>
16. Dollar amount of food sold per seat (divide line 9 by line 4): .....	\$	<input type="text"/>

## EXPENDITURES

17. Amount of expenditures for food for the above period: .....	\$	<input type="text"/>
18. Amount of expenditures for alcoholic beverages for the above period: .....	\$	<input type="text"/>
19. Total expenditures of food and alcoholic beverages (add lines 17 and 18): .....	\$	<input type="text"/>
20. Amount of expenditures for miscellaneous items: .....	\$	<input type="text"/>
21. <b>TOTAL GROSS EXPENDITURES</b> (add lines 19 and 20): .....	\$	<input type="text"/>
22. Percentage of food expenditures (divide line 17 by line 19, then multiply by 100): .....	%	<input type="text"/>
23. Percentages of alcoholic beverage expenditures (divide line 18 by line 19, then multiply by 100): .....	%	<input type="text"/>

*I hereby certify under penalty of perjury that the information in this statement is true and correct to the best of my knowledge and belief.*

Name:       Title:       Phone:

**SPECIAL NOTICE:** The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify ABRA at (202) 442-4423.