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**PROJECTED PURCHASES & PROJECTED GROSS SALES  
FOR DISTILLED SPIRITS CONSUMPTION  
Gwinnett County Alcoholic Beverage License**

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Applicant Name (LLC / Corporation Name)

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Business Name (Trade Name / DBA)

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Location Street Address

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Location City, State & Zip Code

**Please provide the following projections for your establishment:**

**Projected Food Sales**

Balance of Calendar  
Year of 20 \_\_\_\_\_

Projection \$ \_\_\_\_\_

Calendar Year  
of 20 \_\_\_\_\_

Projection \$ \_\_\_\_\_

**Projected Gross Sales of Mixed Drinks**

Balance of Calendar  
Year of 20 \_\_\_\_\_

Projection \$ \_\_\_\_\_

Calendar Year  
of 20 \_\_\_\_\_

Projection \$ \_\_\_\_\_