



GEORGIA DEPARTMENT OF REVENUE
ALCOHOL AND TOBACCO DIVISION
Telephone: (404) 417-4900
E-mail: ATDIV@dor.ga.gov

**AFFIDAVIT
GRAPES, BERRIES, AND/OR FRUITS SELLER**

Submit online at <https://gtc.dor.ga.gov>

Winery Alcohol License Number _____ Receipt Number _____

STATE OF _____

COUNTY OF _____

We, the undersigned, do hereby certify that we did this _____ day of _____
deliver to _____ the following grapes, fruits and/or berries:
(Name of Winery)

TYPE	REPORT IN POUNDS		
	Gross Weight	Amount Deducted For Tare	Net Weight
Grapes - Fruits - Berries			

We, the undersigned, do further certify that the above listed grapes, fruits, and/or berries were grown only within the State of Georgia by the undersigned, and declares that this declaration is a true and accurate account of the within described transaction for the purposes of proper taxation as provided by Section 3-6-50 of the Georgia Alcoholic Beverage Code.

Name of Grower

Address

City ZIP Code

Signature