



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL

**VERIFICATION OF FOOD AND ALCOHOL SALES/SCHEDULE
 OF GROSS RECEIPTS**

BUSINESS INFORMATION

LEGAL NAME OF ENTITY	PRIMARY LICENSE #
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DOING BUSINESS AS

PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)

CITY, STATE, ZIP CODE

PLEASE COMPLETE THIS SECTION (Receipts reports below must be for a 12 month period)

BEGINNING PERIOD	ENDING PERIOD
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GROSS RECEIPTS (ALL SALES)	ALL NON-ALCOHOLIC SALES (I.E. ALL FOOD SALES, DOOR CHARGES, POOL TABLE RECEIPTS, ETC.)
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COMMENTS (if the period you are reporting for is less than 12 months, please explain why below):

I understand that this certification is required by law and by the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and I certify under oath that I have examined the attached schedule of Food and Alcohol Sales and the attached Schedule of Gross Receipts and that they are true and accurate.

SIGNATURE OF SOLE OWNER, MANAGING OFFICER, OR PARTNER	DATE	SIGNATURE OF PARTNER	DATE
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SIGNATURE OF PARTNER	DATE	SIGNATURE OF PARTNER	DATE
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