



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
 MERCHANDISE RETURN

PERMISSION IS HEREBY REQUESTED TO RETURN THE FOLLOWING MERCHANDISE:

QUANTITY	SIZE	INV. NO	INV. DATE	DESCRIPTION

RETURN MERCHANDISE TO:

NAME OF WHOLESALER

ADDRESS OF WHOLESALER

SIGNATURE OF WHOLESALER

REASON FOR RETURN OF MERCHANDISE

CUSTOMER NO.

NAME OF RETAIL LICENSEE

ADDRESS OF LICENSED PREMISE

LICENSE NO.

SIGNATURE OF RETAIL LICENSEE

DATE PERMISSION GRANTED

STATE SUPERVISOR'S APPROVAL

DATE RECEIVED

PLEASE RETURN FORM IN DUPLICATE