



**MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
EXTENDED HOURS GROSS SALES VERIFICATION**

TYPE OR USE ONLY BLACK INK TO COMPLETE THIS FORM

LEGAL NAME OF ENTITY

PRIMARY LICENSE #

DOING BUSINESS AS

PHYSICAL LOCATION ADDRESS (STREET ADDRESS)

CITY, STATE, ZIP CODE

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

BEGINNING PERIOD

ENDING PERIOD

GROSS RECEIPTS (ALL SALES)

COMMENTS (if the period you are reporting for is less than 12 months, please explain why below):

I understand that this certification is required as part of the application for an Extended Hours license, and I have examined the contents therein and they are true and accurate.

SIGNATURE OF OWNER, MANAGING OFFICER, OR PARTNER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE