



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF ALCOHOL AND TOBACCO CONTROL  
VERIFICATION OF FOOD AND ALCOHOL SALES/SCHEDULE OF GROSS RECEIPTS

**TYPE OR USE ONLY BLACK INK TO COMPLETE THIS FORM**

LEGAL NAME OF ENTITY

DOING BUSINESS AS

PHYSICAL LOCATION ADDRESS (STREET ADDRESS)

EMAIL ADDRESS

CITY, STATE, ZIP CODE

BUSINESS TELEPHONE NUMBER

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

BEGINNING PERIOD	ENDING PERIOD
GROSS RECEIPTS (ALL SALES)	ALL NON-ALCOHOLIC SALES (I.E. ALL FOOD SALES, DOOR CHARGES, POOL TABLE RECEIPTS (ETC.))

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 Missouri Liquor Laws and by the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and that I have examined the attached schedule of Food and Alcohol Sales/Schedule of Gross Receipts and that 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