



**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