



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**SALES TO WHOLESALE DEALERS**

MONTH	YEAR
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SOLICITOR NAME (AS LICENSED WITH MISSOURI)	MISSOURI LICENSE NO.
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STREET ADDRESS	CITY	STATE	ZIP
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**This form must be manually submitted when correcting errors on the electronic monthly report.**

Wholesaler MO License Number	Wholesaler Name: 9 Digit Zip Code:	Invoice Number and Ship Date	Liquor Gallons	Wine Gallons	Beer Gallons
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
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<b>TOTALS</b> 					