MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
RECEIVED REPORT

MONTH	YEAR

WHOLESALE DISTRIBUTOR NAME (AS LICENSED WITH MISSOURI)	MISSOURI LICENSE NO.

STREET ADDRESS	CITY	STATE	ZIP

Report all liquor and wine received. The original of this report must be postmarked to the Division of Alcohol and Tobacco Control, Jefferson City, Missouri not later than the 15th of each month. Duplicate copy to be retained for your files.

DATE OF INVOICE	SUPPLIER LICENSE NUMBER	SUPPLIER NAME (AS LICENSED WITH MISSOURI)	NUMBER OF CASES	SPIRIT OR WINE	GALLONAGE	INVOICE NUMBER	REMARKS
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