

DIVISION OF ALCOHOL AND TOBACCO CONTROL



DELINQUENT RETAILER REPORTING FORM

Pursuant to Section 311.265 RSMo the following retail licensee is delinquent beyond the permissible ordinary commercial credit period:

DATE _____

RETAIL LICENSEE NAME _____

D/B/A _____

LICENSE NUMBER _____

ADDRESS _____

BALANCE DUE \$ _____

WHOLESALE NAME _____

LICENSE NUMBER _____

LOCATION _____

SIGNATURE AND TITLE _____

THIS AREA SHALL BE COMPLETED TO REPORT DELINQUENT RETAILER

THIS AREA SHALL BE COMPLETED WHEN INDEBTEDNESS IS SATISFIED

DATE PAID _____

SIGNATURE AND TITLE _____

1738 E. Elm Street, Lower Level, Jefferson City, MO 65101

P.O. Box 837, Jefferson City, MO 65102

Voice 573-751-2964; FAX 573-526-4369

<http://www.atc.dps.mo.gov>