



Missouri Department of Public Safety
Division of Alcohol and Tobacco Control

Alcohol Compliance Buy - Minor Report

Date of Purchase: _____ Time of Purchase: _____ a.m./p.m.

Name of Establishment: _____

Address: (street and city) _____ (County) _____

Approximate Age of Seller: _____ Sex of Seller: _____

Hair Color of Seller: _____ Clothing of Seller: _____

Seller's Actions (did or did not ask for I.D.): _____

Description of Product and Brand Purchased: _____

Quantity: _____ Price: _____

Conversation with Seller: _____

Other Details: _____

X _____

Minor's CI Number