



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL

**VERIFICATION OF FOOD AND ALCOHOL
SALES/SCHEDULE OF GROSS RECEIPTS**

BUSINESS INFORMATION

LEGAL NAME OF ENTITY

DOING BUSINESS AS

PHYSICAL LOCATION OF BUSINESS (STREET ADDRESS)

CITY, STATE, ZIP CODE

BEGINNING PERIOD

ENDING PERIOD

BREAKDOWN OF FOOD AND ALCOHOL SALES BY MONTH

MONTH	FOOD - CONSUMED ON PREMISE	FOOD - CARRY - OUT	ALCOHOL	MONTH	FOOD - CONSUMED ON PREMISE	FOOD - CARRY - OUT	ALCOHOL
Jan				July			
Feb				Aug			
March				Sept			
Apr				Oct			
May				Nov			
June				Dec			
				Total			

GROSS RECEIPTS (ALL SALES)

\$

ALL NON ALCOHOLIC SALES (I.E. ALL FOOD SALES, DOOR CHARGES, POOL TABLE RECEIPTS, ETC)

\$

I understand that this certification is required by law and by the Rules and Regulations of the Supervisor of Alcohol and Tobacco Control, and I certify under oath that I have examined the attached schedule of Food and Alcohol Sales and the attached Schedule of Gross Receipts and that they are true and accurate.

SIGNATURE OF SOLE OWNER, MANAGING OFFICER, OR PARTNER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE