



City of Saint Charles, Missouri
Licensing Division

THIS FORM IS REQUIRED FOR ALL RETAIL BY THE DRINK
CITY LIQUOR LICENSEES IN THE HISTORIC DOWNTOWN DISTRICT

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

TYPE OR USE ONLY BLACK INK TO COMPLETE THIS FORM

EXACT NAME OF LICENSEE (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR OR LLC)

DOING BUSINESS AS (DBA)

ADDRESS OF LICENSED PREMISES

CITY

STATE

ZIP CODE

CONTACT NAME OF RESPONSIBLE PERSON

CONTACT TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

BEGINNING PERIOD

ENDING PERIOD

REPORT OF FOOD & ALCOHOL SALES BY MONTH

MONTH	FOOD SALES	ALCOHOL SALES	FOOD SALES AS A PERCENTAGE OF TOTAL FOOD AND ALCOHOL SALES		YES	NO
				MONTHLY FOOD SALES GREATER THAN 50%?		

Under penalties of perjury, I declare that I have examined this report and based on all information of which I have any knowledge, it is true, correct, and complete.

SIGNATURE OF LICENSEE (MANAGER, MEMBER, OFFICER, OWNER, OR PARTNER)

DATE

LICENSEE PRINTED NAME