



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	MONTH	FOOD SALES	ALCOHOL SALES	FOOD SALES AS A PERCENTAGE OF TOTAL FOOD AND ALCOHOL SALES
JAN				JULY			
FEB				AUG			
MAR				SEP			
APR				OCT			
MAY				NOV			
JUNE				DEC			
				TOTAL			

(CHECK ONE)

**ANNUAL FOOD SALES GREATER THAN 50%?**

YES NO

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