



QUARTERLY ALCOHOL SALES REPORT

Business Name: _____
Phone Number: _____

DUE BY THE 30TH OF APRIL, JULY OCTOBER, JANUARY	FOR THE PERIOD ENDING:
	March 31, 20 _____ June 30, 20 _____ September 30, 20 _____ December 31, 20 _____
Gross Receipts – Food (Year to Date)	\$ _____
Gross Receipts – Wine & Malt Beverages (Year to Date)	\$ _____
Gross Receipts – Other Sources (Year to Date)	\$ _____
TOTAL GROSS RECEIPTS (Year to Date)	\$ _____

I certify under penalty of perjury that this is a true and correct report as required by the Town of Tyrone.

Signature of Person Preparing Report

Printed Name of Person Preparing Report

Telephone number of Person Preparing Report