Licensee _____ Policy #

Location: • Inside Corporate Limits
• Unincorporated Area

License Numbers:
Federal_____ State_____
City_____ County_____

* * RECEIPTS MUST BE ITEMIZED BY MONTH * *
* * FOR MOST RECENT 12 MONTHS * *

MO-YR	FOOD RECEIPTS ONLY	BAR ALCOHOL RECEIPTS	PACKAGE ALCOHOL RECEIPTS	OTHER RECEPITS
TOTALS				
ESTIMATED RECEIPTS FOR NEXT 12 MONTHS (TO BE COMPLETED IF DIFFERENT THAN ABOVE)				

* * THE UNDERSIGNED WARRANTS THE ABOVE INFORMATION TO BE TRUE AND CORRECT. THIS INFORMATION IS SUBJECT TO VERIFICATION AND AUDIT BY A DULY AUTHORIZED REPRESENTATIVE OF THE INSURERS. * *

Signature of Licensee or Accountant Address Telephone

For Agency Use Only

Previous Year's Receipts: $_____BAR $_____PKG

Premium Computation:

BAR: $_____@_____=$_____
$_____@_____=$_____
$_____@_____=$_____

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PKG: $_____@_____=$_____
$_____@_____=$_____
$_____@_____=$_____

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