



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

TYPE OR PRINT THIS FORM.

BUSINESS LICENSE PERIOD

FROM: _____ **TO:** _____

NAME OF CORP., LLC, PARTNERSHIP, SOLE OWNER

DOING BUSINESS AS

STREET ADDRESS

CITY, STATE, ZIP

BUSINESS PHONE

MANAGING OFFICER'S NAME

BREAKDOWN OF FOOD AND ALCOHOL SALES BY MONTH

YR.	MO.	FOOD - CONSUMED ON PREMISES	FOOD - CARRY OUT	ALCOHOL	YR.	MO.	FOOD - CONSUMED ON PREMISES	FOOD - CARRY OUT	ALCOHOL
					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 City of Hazelwood Ordinances. I have examined the above schedule of Food and Alcohol Sales/Schedule of Gross Receipts and affirm it is true and accurate. I acknowledge these figures are subject to audit.

SIGNATURE OF MANAGING OFFICER

DATE

SIGNATURE OF PARTNER

DATE

SIGNATURE OF PARTNER

DATE