

KANSAS DEPARTMENT OF REVENUE
OFFICE OF DIRECTOR OF
ALCOHOLIC BEVERAGE CONTROL
TOPEKA

RECORD OF NON-BEVERAGE ALCOHOL AND WINE RECEIVED AND USED

By _____, _____
 (Name of Licensee) (Street Address)
 _____, _____, during month of _____
 (City) (State) (Year)

Date Received	From Whom Received	Address	Serial No. of Package	No. of Gallons	
				Alcohol	Wine
Total.....					

SUMMARY	No. of Gallons	
	Alcohol	Wine
1. On hand last report.....		
2. Received since last report.....		
3. Total.....		
4. Used since last report.....		
5. Now on hand.....		
6. Total.....		

State of Kansas
 County of _____ ss. Signed _____

Personally appearing _____ made oath that the foregoing statement, by him subscribed, is in all respects correct and true, and that the alcohol and wine used only for the purposes authorized under the non-beverage license.

Dated at _____, this _____ day of _____, (Year)

(Notary Public)

NOTE: This report is due on the 1st and delinquent on the 15th day of each month.
(COPIES OF INVOICES MUST ACCOMPANY THIS REPORT)