COMPLIANCE MANAGEMENT – AUDIT SERVICES
ATTN: LIQUOR AUDITING
KANSAS DEPARTMENT OF REVENUE
915 SW Harrison,
Topeka, Kansas 66625-7719

MONTHLY REPORT OF SALES TO CLUBS, DRINKING ESTABLISHMENTS, HOTELS, CATERERS

Name _____ Month of _____, _____

Liquor License # _____

Address _____ Basic Wholesaler Permit # _____

Name of On-Premise License	Address & City	License #	Date of Sale	Total Price of Sale
		TOTAL SALES		$

Instructions: Prepare the form in duplicate.
Original copy for Liquor Auditing/Audit Services.
Duplicate retained by licensee.
If there were **NO SALES** to clubs this form is still require to be filed.
Submit this report no later than the 15th day of each month.

Certified Correct

_____
Signature of Licensee

ABC-73 (Rev. 8/03)