VERMONT DEPARTMENT OF LIQUOR CONTROL
SEMI-ANNUAL REPORTING FORM – MALT OR VINOUS BEVERAGES SHIPPED TO CONSUMERS

Company Name: _____ License No.: _____

Address: _____ Date: _____

_____ Signature: _____

January through June and July through December reporting dates (due by July 15 and January 15 respectively)

Dates covered MM/YY – MM/YY	Names and address of persons delivered to	Date purchased	Name of Common Carrier Used for delivery	Quantity of Each Shipment in gallons	Monetary value of each shipment	Reason for No Charge for shipment

TOTAL AMOUNT OF GALLONS AND VALUE OF ALL SHIPMENTS: GALLONS VALUE

Please return form to: Vermont Department of Liquor Control, 13 Green Mountain Drive, Montpelier, VT 05602 or fax 802-828-1031, Email to dlc-licensing@state.vt.us

PLEASE NOTE: IF YOU DO NOT HAVE A CHARGE LISTED FOR WINE SHIPPED TO A CONSUMER PLEASE EXPLAIN THE REASON , (ie. Corked, broken bottle, etc)