VERMONT DEPARTMENT OF LIQUOR CONTROL
ANNUAL REPORTING FORM – VINOUS BEVERAGES SHIPPED TO RETAILERS

Company Name: _____ License No.: _____

Address: _____ Date: _____

_____ Signature: _____

January through December reporting dates **Report is due at DLC by January 15th**

Dates covered MM/YY – MM/YY	Licensee Name	Address shipment delivered to	Amount of beverages shipped/ year	# of gallons sold	Common Carrier Used	Monetary value of total shipments

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