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

Company Name:						
Address:						
				Signature:		
January through D	ecember reporting	dates Report is due at 1	DLC by Januai	ry 15 th		
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.enflic@vermont.gov