THIS FORM IS REQUIRED FOR SERIES 11 & 12 LICENSES ONLY

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

JANET A. NAPOLITANO
GOVERNOR

JERRY A. OLIVER, SR.
DIRECTOR

Licensee: _____

D.B.A.: _____

License No.: _____

BUSINESS DATA REPORT

Period Covered by Report _____/_____/_____ **through** _____/_____/_____

Please report your sales and purchases for the reporting period that includes the preceding 12 months prior to your license expiration date.

SALES INFORMATION

Month/Year	Food Sales	Beer Sales	Liquor Sales	Wine Sales	Misc. Sales (any items sold, including cover charges, other than food and liquor)	Total Sales
Total						

PURCHASES

Month/Year	Food Purchases (excludes non-food items)	Beer Purchases	Liquor Purchases	Wine Purchases	Total Purchases
Total					

Inventory

Amounts	Food Inventory (excludes non-food items)	Beer Inventory	Liquor Inventory	Wine Inventory	Total Inventory
Dollar Amount					
Bottles on Hand					

Portion Sizes and Average Selling Prices:

Shots/Mixed Drinks
_____**oz** **$**_____

Bottled Beer:

Domestic **$**_____
Import **$**_____

Draft Beer:

Glass/Mug
_____**oz** **$**_____
_____**oz** **$**_____

Sm. Pitcher
_____**oz** **$**_____

Lg. Pitcher
_____**oz** **$**_____

Wine:
_____**oz** **$**_____
Bottle **$**_____

Meals: (average selling price)
$_____

NO RENEWAL WILL BE ISSUED WITHOUT THIS FORM - ALL SECTIONS MUST BE COMPLETE

I certify that all information presented on this report is true and accurate. An incomplete, inaccurate, false or misleading statement made in this report may result in suspension or revocation of your license.

Signature: **Title:** **Date:**

800 WEST WASHINGTON FIFTH FLOOR PHOENIX, ARIZONA 85007-2934 (602) 542-5141 FAX (602) 542-5707
Web Site: WWW.AZLIQUOR.GOV
INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL (602) 542-9051