



City of Richardson Health Department QUARTERLY SALES REPORT FORM

DATE _____

ESTABLISHMENT NAME _____

ADDRESS _____

QUARTER BEING SUBMITTED:
(CHECK ONLY ONE)

- 1st (due by April 15th)
 2nd (due by July 15th)
 3rd (due by October 15th)
 4th (due by January 15th)

TOTAL ALCOHOL SALES FOR THE QUARTER: \$ _____

TOTAL OTHER SALES FOR THE QUARTER: \$ _____
(FOOD, MERCHANDISE, ETC. **DO NOT INCLUDE ALCOHOL SALES**)

SUBMITTED BY (PLEASE PRINT)

SIGNATURE

*Form and supporting documentation must be received by the 15th of the month following the end of a quarter. It may be submitted by **mail, fax or email:***

MAIL:

City of Richardson Health Department
P.O. Box 830309
Richardson, TX 75083-0309

FAX:

972-744-5802

EMAIL:

amy.vermillion@cor.gov