## City of Richardson QUARTERLY SALES REPORT FORM

DATE		
ESTABLISHMENT NAME		
ADDRESS		
QUARTER BEING SUBMITTED:	☐ 1 <sup>st</sup> (due by April 15th) ☐ 2 <sup>nd</sup> (due by July 15th) ☐ 3 <sup>rd</sup> (due by October 15th) ☐ 4 <sup>th</sup> (due by January 15th)	
TOTAL ALCOHOL SALES FOR THE QUARTER:		\$
TOTAL SALES (FOOD, MERCHANDISE, ETC.) FOR THE QUARTER		\$
SUBMITTED BY (PLEASE PRINT)		
SIGNATURE		
Form and supporting documentation metallowing the end of a quarter. It may be		
MAIL TO:	FA	X TO:
City of Richardson Health Department	972	2-744-5802



Richardson, Tx 75083-0309