Commonwealth of Virginia Department of Alcoholic Beverage Control Delivery Permit Summary Report - IN STATE

License Number: Trade Name:				
Number of Containers Delivered	Container Volume	Brand of Each Container	Name and Address of Recipiants	Price Charged for Wine, Beer, or Cider delivered
I certify that this report has been examined by me, and, to the best of my knowledge and belief, is a true and complete report made in good faith for the period stated, pursuant to the Alcoholic Beverage Control Act and regulations of the Virginia ABC Board.				
Submit by the 15th of carb	onth Ifthe 15th	s on a weekend or helider.	I Signed:	
Submit by the 15th of each month. If the 15th is on a weekend or holiday, submit on the first business day after the 15th. Mail to: PO Box 27491, Richmond VA 27491			Title:	
or as an Email attachment to: TaxExaminer@abc.virginia.gov			Date:	
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