

**STATE OF NEBRASKA
LIQUOR CONTROL COMMISSION
P.O. BOX 95046 LINCOLN, NE 68509-5046**

RECORD OF NON-BEVERAGE ALCOHOL USAGE

Name of Licensee

License #

Reporting Month

Address, City, State, Zip Code

Contact Name (Please Print)

Contact Phone #

ALCOHOL RECEIVED

Date Received	Received From	Invoice #	Product Name	Gallons
Total Gallons:				

SUMMARY

INVENTORY	GALLONS
Beginning Balance	
Received	
TOTAL:	
Used	
Ending Balance	
TOTAL:	

Signature

Print Name

Date

NOTE: THIS REPORT IS DUE BY THE 15TH DAY OF EACH MONTH

Please retain bottom copy for your records, and submit the other copy to the Nebraska
Liquor Control Commission.

FORM 35-7052 Rev. 11/15

INSTRUCTIONS: Once completed, please print the form, mail, fax, or scan & email to the Nebraska Liquor Control Commission.
PO Box 95046, Lincoln NE 68502-5046 | Fax: 402-471-2814 | nlcc.craftfarmmicrodesk@nebraska.gov