

BEER SHIPPER REPORT

CORP NAME _____

LICENSE NUMBER _____

DBA _____

CONTACT NAME _____

MONTH OF _____ 20 _____

PHONE NUMBER _____ EMAIL ADDRESS _____

NO SHIPMENTS

NEBRASKA WHOLESALER _____

STATEMENT OF MALT BEVERAGES SHIPPED INTO NEBRASKA. ABV 8.5% AND HIGHER IS WINE, ABV UNDER 8.5% IS BEER.
THIS REPORT IS DUE THE 15TH OF EACH MONTH EVEN THOUGH NO SHIPMENTS WERE MADE.

INVOICE DATE	INVOICE NUMBER	P.O. NUMBER	12 12-OZ.	24 12-OZ.	24 16-OZ.	12 32-OZ.	24 7-OZ.	36 7-OZ.	48 7-OZ.	1/4 Bbl.	1/2 Bbl.				

Authorized Signature

Title

Nebraska Liquor Control Commission
PO Box 95046
Lincoln, Nebraska 68509
www.lcc.nebraska.gov
(402) 471-2571 (phone)

Date

Form 35-7099 REV 05/17

INSTRUCTIONS: Once completed, please print the form, mail, fax, or scan & email to the Nebraska Liquor Control Commission.
PO Box 95046, Lincoln, NE 68509-5046 | Fax: 402-471-2814 | nlcc.beerdesk@nebraska.gov