

**VIRGINIA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL  
BUREAU OF LAW ENFORCEMENT OPERATIONS  
Statement of Income & Expenses for Special Event Licenses**

Name of Organization or Group	
Street Address	
City, State, Zip	
County	

EIN#		VA Sales Tax No.		ABC License No	
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Contact Name		Phone #		Fax#	
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*For the event held \_\_\_\_\_*

***Receipts:***

Food & Other Merchandise Sales	
Alcoholic Beverage Sales	
Admissions	
Other Sources of Receipts:	
<b>Total Receipts</b>	

***Operating Expenses:***

Advertising	
Salaries and Wages	
Purchases of Food & Other Merchandise	
Purchases of Alcoholic Beverages	
Purchases of Other Items	
Rent	
Taxes, Licenses, and etc.	
Other Expenses	
<b>Total Operating Expenses</b>	

Total Funds Available for Contributions:	
Total Funds Contributed:	
Total Funds Not Contributed:	

Certification

I certify that this report and the accompanying schedules have been examined by me and to the best of my knowledge and belief are complete, true and accurate.

Signature	Title	Print Name	Date
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