



State of New Hampshire
 Liquor Commission
 Division of Enforcement and Licensing
 50 Storrs Street
 Concord, NH 03301
 (603) 271-3523

INTERNAL USE ONLY
 NHLC - AUDITORS
 Calculated %:
 Audited by:

Cigar Bar – Quarterly Report

BUSINESS INFORMATION

Registered Business Name	Registered Trade Name	Registered License Number	
Business Street Address	City	State	Zip
Business Phone	Business Email	Report Year/Month (YYYY/Mmm)	

QUARTERLY TOTALS

A cigar bar licensed pursuant to RSA 178:20-a, shall submit to the commission certification of cigar bar's sales certificate form covering cigars.

Jan-Mar – Q1 <input type="radio"/>	Apr-Jun – Q2 <input type="radio"/>	Jul-Sep – Q3 <input type="radio"/>	Oct-Dec – Q4 <input type="radio"/>
PRODUCT	TOTAL QUARTERLY SALES		
Cigars	Total Quarterly Sales of Cigars		
Cigar Related Items	Total Quarterly Sales of Cigar Related Items		
Liquor	Total Quarterly Sales of Liquor		
Beer (Beverage)	Total Quarterly Sales of Beer		
Tobacco Products	Total Quarterly Sales of Tobacco Products		
All Other Revenue (i.e. Hookah, Entertainment, etc.)	Total Quarterly Sales of All Other Revenue		
GRAND TOTAL	Grand Total		

REQUIREMENTS

This completed report shall be received by the New Hampshire Liquor Commission (NHLC) quarterly on or before the 15th of the reporting month regardless of activity.

Cigar Bar shall:

- Complete, date, and electronically sign.
- Provide documentation for all information entered above *at the time of audit.*

Email the completed form to: audit@liquor.nh.gov

Or send postage paid to:

NH Liquor Commission
 Attn: Liquor Enforcement/Auditing
 50 Storrs Street
 Concord, NH 03302

ACKNOWLEDGEMENT AND SUBMISSION

I declare, under the provisions of Title XIII and punishable under RSA 641:3 (Unsworn Falsification), that I am authorized to sign on behalf of the business entity providing this report; that I have examined all of the information provided on or with this report; that any information I give may be investigated as allowed by law; that the information is true, correct, and complete to the best of my knowledge and belief and made in good faith.

Name of Authorized Agent	Title of Authorized Agent
Date Signed	Signature of Authorized Agent