

**State of New Hampshire**  
STATE LIQUOR COMMISSION

50 Storrs Street  
Concord NH  
03301

**FINANCIAL STATEMENT OF CLUB OPERATIONS**

NAME OF CLUB \_\_\_\_\_  
Address \_\_\_\_\_ City or Town \_\_\_\_\_  
Statement for Month Ending \_\_\_\_\_ 20 \_\_\_\_ Membership to Date \_\_\_\_\_ License No. \_\_\_\_\_

**STATEMENT OF PROFIT AND LOSS**

INCOME FOR MONTH		OPERATING EXPENSES	
Sale of Liquor	\$ _____	Rent (Indicate to whom paid in space (d) below)	\$ _____
Sale of Beer	_____	Salaries (Itemize in space (f) below)	_____
Dues	_____	Heat, Light, Water, Telephone	_____
Miscellaneous (Itemize in space (e) below)	_____	Insurance and Interest	_____
(a) Total Income	\$ _____	Repairs and Alterations	_____
<b>COSTS OF GOODS SOLD</b>		Janitorial Services & Supplies	_____
Inventory Beginning:	\$ _____	Taxes	_____
Liquor	_____	Donations	_____
Beer	_____	Licenses	_____
Bar Supplies	_____	Transportation	_____
Miscellaneous	_____	Socials & Benefits	_____
Total	\$ _____	Entertainment	_____
Add – Purchases:	\$ _____	Loss and Waste	_____
Liquor	_____	Contract Service Expense	_____
Beer	_____		
Bar Supplies	_____		
Miscellaneous	_____		
Total	\$ _____	(c) Total Expenses	\$ _____
Merchandise Available	\$ _____	<b>PROFIT AND LOSS</b>	
Deduct – Inventory Ending:		(a) Total Income	\$ _____
Liquor	_____	(b) Less – Costs of Goods Sold	_____
Beer	_____	Gross Profit (or Loss)	_____
Bar Supplies	_____	(c) Less – Operating Expenses	_____
Miscellaneous	_____	Net Profit (or Loss)	\$ _____
Total	\$ _____		
Merchandise Available	\$ _____		
(b) Costs of Goods Sold	\$ _____		

Rent (To Whom Paid)		Salaries	
(d)	Name	(f)	Name
	Amount		Amount
	\$ _____		\$ _____
	\$ _____		\$ _____
<b>Miscellaneous Income</b>			\$ _____
(e)	Itemize		\$ _____
	Amount		\$ _____
Sundries – Food	\$ _____		\$ _____
Socials Etc.	\$ _____		\$ _____
Commissions _____	\$ _____		\$ _____
	\$ _____		\$ _____

**BALANCE SHEET**

ASSETS	First of Month	Last of Month	LIABILITIES & SURPLUS	First of Month	Last of Month
Checking Account	\$ _____	\$ _____	Accounts Payable	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	Notes Payable	\$ _____	\$ _____
Cash on Hand	\$ _____	\$ _____	Mortgage Payable	\$ _____	\$ _____
Petty Cash or Change Fund	\$ _____	\$ _____	Taxes Payable	\$ _____	\$ _____
Merchandise Inventory	\$ _____	\$ _____	Surplus	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	Total Liabilities & Surplus	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	<i>Note: Assets for each month should balance with Liabilities and Surplus</i>		
Furniture and Equipment	\$ _____	\$ _____			
Total Assets	\$ _____	\$ _____			

**– CERTIFICATION TO THE COMMISSIONERS –**

I/We certify and affirm declare that all answers herein above contained are true and correct to the best of my/our knowledge and belief and understand that this statement is made subject to the penalties of unsworn falsification described in RSA 641:3.

(Date) \_\_\_\_\_ (Officers Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ (Expiration Date) \_\_\_\_\_  
 (Date) \_\_\_\_\_ (Officers Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ (Expiration Date) \_\_\_\_\_

*This Statement shall be forwarded to the Commission prior to the fifteenth (15) day of the following month. Subject to administrative action if late.*

**– COMMISSION USE –**

(Date Received: \_\_\_\_\_ Late: \_\_\_\_\_ Days) (Analyzed by: \_\_\_\_\_ Date: \_\_\_\_\_) (Audited by: \_\_\_\_\_ Date: \_\_\_\_\_)

**– REMARKS –**