

QUARTERLY REPORT FOR CHECKS OVER \$2,500.00 (PER LOCATION)

Name of Licensee:				License Number:		
Street Address		City	State	Zip Code	Please check one:	
					<input type="checkbox"/> General	<input type="checkbox"/> Limited
Telephone Number	Fax Number	e-mail Address		Days of Operation	Business Hours	
Reporting Quarter:	Year	Please check one:				
		<input type="checkbox"/> Jan 1-Mar 31 <input type="checkbox"/> Apr 1-Jun30 <input type="checkbox"/> Jul 1-Sep 30 <input type="checkbox"/> Oct 1-Dec 31				

Type of Checks over \$2,500.00 (i.e., Personal, Social Security, Insurance, Cashier's, Tax Refund, etc.)		# of checks per type
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
Total (Sum of rows 1 through 20) =		

