CV-1

PERMIT NO. _____

CERTIFICATE OF COMPLIANCE

COMPANY _____

_____

_____

**IOWA DEPARTMENT OF COMMERCE**
**ALCOHOLIC BEVERAGES DIVISION**
**1918 S. E. Hulsizer Road**
**Ankeny, Iowa 50021**

# REPORT OF SHIPMENTS OF WINE BY BRAND/TYPE

**WINE** **(OVER 5% ALCOHOL BY WEIGHT, 6.25% BY VOLUME, OR 12.5 BY PROOF)**

DATE: _____

_____
PREPARED BY

_____
CONTACT PHONE

_____
FAX NUMBER

RECAP FOR THE MONTH & YEAR OF _____FOR WINE SHIPPED INTO THE STATE OF IOWA.

ONE SET OF FORMS (CV-1 & CV-2) IS REQUIRED EACH MONTH.

| WINE BY BRAND/TYPE | TOTAL CASES | TOTAL GALLONS | 12/750 ML. Cases | 12/1 LTR. Cases | 6/1.5 LTR. Cases | 4/3 LTR. Cases | 4/4 LTR. Cases | 4/5 LTR. Cases | 1/18 LTR. Cases | | | | |
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| **TOTAL NO. CASES:** | | | | | | | | | | | | | |
| **TOTAL GALLONS BY SIZE:** | | | | | | | | | | | | | |

Oct-00