

**VETERANS OF FOREIGN WARS OF THE UNITED STATES  
DEPARTMENT OF MINNESOTA**

**CLUB INSPECTION REPORT**

1. **NAME OF POST** \_\_\_\_\_ **NO.** \_\_\_\_\_ **LOCATION** \_\_\_\_\_ **DISTRICT** \_\_\_\_\_
2. Name of Quartermaster \_\_\_\_\_ Phone # \_\_\_\_\_
3. Is Quartermaster Bonded? \_\_\_\_\_ Amount\$ \_\_\_\_\_ Company \_\_\_\_\_
4. Is Management of Club by an elected Committee? \_\_\_\_\_ How many on Committee? \_\_\_\_\_
5. Are finances handled by Post Quartermaster or Asst. Quartermaster? \_\_\_\_\_
6. Name of Club Manager \_\_\_\_\_ Gambling Manager \_\_\_\_\_  
Bingo Manager \_\_\_\_\_
7. Is Club/Post Incorporate? \_\_\_\_\_ Date Last renewed? \_\_\_\_\_
8. **LICENSES:** Federal I.D. # \_\_\_\_\_ A.T.F. Special Tax Stamp# \_\_\_\_\_  
Food License# \_\_\_\_\_ Cigarette License# \_\_\_\_\_  
3.2 Beer License# \_\_\_\_\_ Liquor License# \_\_\_\_\_  
Sunday Liquor License# \_\_\_\_\_ Local Club License# \_\_\_\_\_  
Set-up/Bottle Club License# \_\_\_\_\_ City gambling License# \_\_\_\_\_  
State Buyers Card# \_\_\_\_\_ Dept. Club Permit Yes No
9. Have any of the above Licenses been suspended or revoked? YES NO
10. Name of Liquor Liability Insurer (Dram Shop Insurance) \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
11. Date Last FEDERAL and STATE CLUB REPORTS were filed:  
**IRS Form:** 940(Futa-Fed.(Unemployment tax): \_\_\_\_\_  
941 (Fed. W/H tax) \_\_\_\_\_  
941(FED. W/H tax) \_\_\_\_\_  
990: \_\_\_\_\_ 990T: \_\_\_\_\_  
**STATE FORMS:** MN Sales Tax: \_\_\_\_\_  
SUTA(MN Unemployment tax): \_\_\_\_\_  
MN State W/H tax: \_\_\_\_\_
12. Does the post Quartermaster receive a monthly report of Club and Gambling? \_\_\_\_\_
13. Who is responsible to give the monthly report Club Report to the members? \_\_\_\_\_
14. Does the Post have By-Laws that govern the operations of the local club? \_\_\_\_\_ Are they posted? \_\_\_\_\_
15. Does the Post have copies of State VFW Rules governing Operations of the Clubs? \_\_\_\_\_ Are they posted? \_\_\_\_\_
16. Is membership verified for Club Privileges? \_\_\_\_\_ Does the Post have a Guest Sign-in Book? \_\_\_\_\_
17. Are the hours of the Club Operation posted? \_\_\_\_\_ Hours? \_\_\_\_\_
18. Date the last Quarterly Audit was Filed? \_\_\_\_\_ Beginning Balance \_\_\_\_\_ Ending Balance \_\_\_\_\_
19. Remarks: \_\_\_\_\_

Dated \_\_\_\_\_ District Club Committeeman \_\_\_\_\_

Post Representative \_\_\_\_\_ Title \_\_\_\_\_