



**LAKE COUNTY CRUSH DISTRICT 2 WINEGRAPE COMMISSION  
BULK WINE/JUICE SALES – CUSTOM CRUSH ASSESSMENT REPORT**

Please complete and mail this report along with check made payable to:

Lake County Winegrape Commission  
3865 Main St., Kelseyville, CA 95451  
Attn: Accounting

**GROWERS: For bulk wine/juice sales, payment is due within 30 days after the sale  
and must be accompanied by this report.**

Name of Winegrower: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**BULK WINE/JUICE SALES** *(attach additional copies as needed)*

<u>Vineyard Name:</u>	<u>Vintage:</u>	<u>Varietal:</u>	<u>Gallons Sold:</u>	<u>Price Per Gallon:</u>	<u>Total Sale:</u>	<u>Assessment Due (1%):</u>	<u>Purchased By:</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

<p><b>Total Bulk Wine/Juice Sales: \$ _____ x 1% Assessment Rate = Assessment Due: \$ _____</b></p> <p align="right"><b>Amount Enclosed: \$ _____</b></p>
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**BULK WINE/JUICE REMAINING IN INVENTORY** *(attach additional copies as needed)*

<u>Vineyard Name:</u>	<u>Vintage:</u>	<u>Varietal:</u>	<u>Gallons in Inventory:</u>	<u>Crush/Holding Facility:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**I declare and certify under penalty of perjury under the laws of the State of California that the information provided herein is true and accurate.**

\_\_\_\_\_  
Signature of Winegrower or Authorized Representative      Printed Name and Title      Date