ALCOHOLIC BEVERAGE CONTROL 109 SW 9th STREET P.O. Box 3506 TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE PHONE: 785-296-7015 FAX: 785-296-7185 www.ksrevenue.org/abc.html

KEG TAG ORDER FORM

Please complete and return this form to order keg tags.

Check one: Retail Liquor Store M	icrobrewery CMB Retailer	☐ Military Retailer	☐ Farm Winery
Retailer Information:			
Owner Name:			
DBA Name:			
License Number / CMB Stamp Number / ATF Number:			
Address:			
City / State / Zip:			
Phone:	Fax:		
(1)	Mailing Information: if different from retailer address)		
Name:			
Address:			
City / State / Zip:			
Order Information:			
Quantity of Tags Requested:			
Name of Person Requesting Tags:			
Signature of Person Requesting Keg Tags		Date	
ABC Office Use Only:			
Keg Tag Numbers Issued: Starting #:	Ending a	# :	
Quantity Issued:			
Date Issued:			
Issued By:			