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

RETURN KEG TAGS

Please complete and return this form when returning unused keg tags to the Alcoholic Beverage Control.

Check one: ☐ Retail Liquor Store ☐	☐ Microbrewery ☐ CMB Retailer	☐ Military Retailer	☐ Farm Winery
	Retailer Information:		
Owner Name:			
DBA Name:			
License Number / CMB Stamp Numb	er / ATF Number:		
Address:			
City / State / Zip:			
Phone:	Fax:		
	Mailing Information: (if different from retailer address)		
Name:			
Address:			
City / State / Zip:			
	Keg Tag Information:		
Tag Number(s) Returned:		Quantity:	
Name of Person Returning Keg Tags	:		
Signature of Person Returning Keg Tags	i	Date	
	ABC Office Use Only:		
Keg Tag Numbers Returned to Inventor	ry:		
Quantity Returned:			
Date Returned to Inventory:			
Completed By:			