

Alcoholic Beverage Control  
109 SW 9<sup>th</sup> Street, 5<sup>th</sup> Floor  
PO Box 3506  
Topeka KS 66601-3506



Phone: 785-296-7015  
Fax: 785-296-7185  
kdor\_abc.licensing@ks.gov  
[www.ksrevenue.gov/abc.html](http://www.ksrevenue.gov/abc.html)

## KEG TAG ORDER FORM

*Please complete and return this form to order keg tags.*

Check one:  Retail Liquor Store  Microbrewery  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: |
| Mailing Information:<br>(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 #: |
| Quantity Issued:                    |           |
| Date Issued:                        |           |
| Issued By:                          |           |