



KANSAS DEPARTMENT OF REVENUE
ALCOHOLIC BEVERAGE CONTROL DIVISION
915 SW HARRISON
TOPEKA, KANSAS 66625-3512
785-296-7015
785-296-7185 Fax

REQUEST TO TRANSFER KEG TAGS

This request must be submitted **AND** approved **prior** to transfer of keg tags. Transfers of keg tags will only be authorized between a licensee who is selling a business to another licensee who will be operating at that same location or for emergency circumstances. If the transfer is **not** authorized, all keg tags **must** be returned to the ABC at the address listed above **before** the date of the sale of the business.

Check one: Request Type: Ownership Transfer Emergency Transfer

Transferring Owner Information:

Owner Name:

DBA Name:

License Number / CMB Stamp Number / ATF Number:

Address:

City / State / Zip:

Phone:

Fax:

Keg Tag Transfer Request:

I request permission to transfer the following keg tags to the licensee below:

Tag Number(s): _____ Quantity: _____

Signature of Transferring Owner: _____ Date: _____

Receiving Owner Information:

Owner Name:

DBA Name:

License Number / CMB Stamp Number / ATF Number:

Address:

City / State / Zip:

Phone:

Fax:

ABC Office Use Only:

Approved By: _____ Date: _____

Denied By: _____ Date: _____