



KANSAS DEPARTMENT OF REVENUE
ALCOHOLIC BEVERAGE CONTROL DIVISION
915 SW HARRISON
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ABC_Marketing_Unit@kdor.state.ks.us

CEREAL MALT BEVERAGE STAMP ORDER FORM

Please complete and return this form via mail, fax or e-mail to order CMB Stamps.

City/County Clerk Information:	
County/City Name:	
City/County ID Number:	
Name of Person Requesting CMB Stamps:	
Title of Person Requesting CMB Stamps:	
Mailing Address:	
City / State / Zip:	
Phone:	Fax:
CMB Order Information:	
*Quantity of State CMB Stamps Requested:	

Signature of Person Requesting State CMB Stamps

Date

ABC Office Use Only:	
CMB Stamp Numbers Issued: Starting #	Ending #
Quantity Issued:	
Date Issued:	
Issued By:	

* Order CMB Stamps in multiples of five (5).