

Alcoholic Beverage Control
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CEREAL MALT BEVERAGE (CMB) STAMP ORDER FORM

To order State CMB Stamps, please complete and return this form via mail, fax or e-mail.

City/County Clerk Information:	
City / County 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) up to a maximum of 500.**