STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL 109 SW 9<sup>th</sup> 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

## **REQUEST TO TRANSFER KEG TAGS**

This request must be submitted <u>AND</u> approved <u>prior</u> 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 <u>at that same location</u> or for emergency circumstances. If the transfer is <u>not</u> authorized, all keg tags <u>must</u> be returned to the ABC at the address listed above <u>before</u> the date of the sale of the business.

Check one:	☐ Ownership Transfer	☐ Emergency Transfer
Transferring Owner Information		
Owner Name:		
DBA Name:		
License Numb	er / CMB Stamp Number / ATF Nu	mber:
Address:		
City / State / Zi	p:	
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 T	ransferring Owner:	Date:
Receiving Owner Information:		
Owner Name:		
DBA Name:		
License Numb	er / CMB Stamp Number / ATF Nu	mber:
Address:		
City / State / Zi	p:	
Phone:		Fax:
ABC Office Use Only:		
☐ Approved B	y:	Date:
☐ Denied By:		Date: