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



RETURN KEG TAGS

Please complete and return this form when returning unused keg tags to the Alcoholic Beverage Control.

Check one: 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: | |
| | ailing Information: erent from retailer address) | |
| Name: | | |
| Address: | | |
| City / State / Zip: | | |
| Keg Tag Information: | | |
| Tag Number(s) Returned: | | Quantity: |
| Name of Person Returning Keg Tags: | | |

Signature of Person Returning Keg Tags

Date

| ABC Office Use Only: | |
|--|--|
| Keg Tag Numbers Returned to Inventory: | |
| Quantity Returned: | |
| Date Returned to Inventory: | |
| Completed By: | |