

STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL
 109 SW 9th STREET
 P.O. BOX 3506
 TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE
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KEG REGISTRATION FORM

Kansas state law requires any individual purchasing a container or keg having the capacity of four or more gallons of beer or cereal malt beverage at retail to complete this form and provide the retailer from whom purchased with valid photo identification. This form may be returned to the purchaser or destroyed upon return of the container or keg to the retailer.

Retailer Information:	Attach Keg Number(s) here
Date of Sale:	
DBA Name:	
Product Information:	
Product Name:	
Product Size:	
Keg ID Number:	
Purchaser Information:	
Name:	
Street Address:	
City / State / Zip:	
Valid Identification:	
Identification Type:	
Number:	
Date of Birth:	

Certification:

I certify that the information contained on this form is true and correct to the best of my knowledge and belief, and that I am of legal age to purchase, possess and consume beer or cereal malt beverage. I also understand that it is unlawful to resell this product, allow consumption of the product by any person who is not of legal age or to remove the numbered label/tag attached to the keg(s).

 Signature of Purchaser

 Date