

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



DEPARTMENT OF REVENUE
PHONE: 785-296-7015
FAX: 785-296-7185
www.ksrevenue.gov/abc.html

REQUEST TO TRANSFER KEG TAGS

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

Check one: Ownership Transfer Emergency Transfer

| Transferring Owner Information | |
|--|-----------------|
| Owner Name: | |
| DBA Name: | |
| License Number / CMB Stamp Number / ATF Number: | |
| Address: | |
| City / State / Zip: | |
| 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 Transferring Owner: _____ | Date: _____ |
| Receiving Owner Information: | |
| Owner Name: | |
| DBA Name: | |
| License Number / CMB Stamp Number / ATF Number: | |
| Address: | |
| City / State / Zip: | |
| Phone: | Fax: |

| ABC Office Use Only: | |
|---------------------------------------|-------|
| <input type="checkbox"/> Approved By: | Date: |
| <input type="checkbox"/> Denied By: | Date: |