



Kansas Department of Revenue
 Alcoholic Beverage Control Division
 915 S.W. Harrison Street, Room 214
 Topeka, KS 66625-3512
 Phone: 785-296-7015 Fax: 785-296-7185

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: Request Type: 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: