



Kansas Department of Revenue  
 Alcoholic Beverage Control Division  
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 Topeka, KS 66625-3512  
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 ABC.Marketing.Unit@kdor.ks.gov

## CEREAL MALT BEVERAGE (CMB) STAMP ORDER FORM

To order State CMB Stamps, please complete and return this form via mail, fax or email.

City/County Clerk Information:	
County/City Name:	
City/County ID Number:	
Name of Person Requesting CMB Stamps:	
Title of Person Requesting CMB Stamps:	
Mailing Address:	
City / State / Zip:	
Phone:	Fax:
CMB Order Information:	
*Quantity of State CMB Stamps Requested:	

\_\_\_\_\_  
Signature of Person Requesting State CMB Stamps

\_\_\_\_\_  
Date

ABC Office Use Only:	
CMB Stamp Numbers Issued: Starting #	Ending #
Quantity Issued:	
Date Issued:	
Issued By:	

**\* Order CMB Stamps in multiples of five (5) up to a maximum of 500.**