



Georgia Department of Revenue

Alcohol and Tobacco Division

Fill in the blanks – Retain the original **(Licensee)**

KEG REGISTRATION IDENTIFICATION FORM – IDENTIFICATION # _____

Name of Purchaser _____

Type of ID shown _____ ID# _____ DOB _____

Address _____

City _____ State _____ Zip _____

Location where Keg will be consumed _____ Date(s) _____

Address _____

City _____ State _____ Zip _____

By signing below, I acknowledge and attest under the penalty of perjury that I am at least 21 years of age, and I understand that alcoholic beverages purchased in conjunction with this form can only be consumed at the address and on the dates listed above. I further acknowledge that purchasing or otherwise furnishing alcoholic beverages to a person under 21 years of age is a violation of O.C.G.A. § 3-3-23 and that such violation may result in both civil liability and criminal prosecution.

Signature of Purchaser _____ Date _____

A total of _____ keg(s) of Malt Beverage was/were sold to the above individual.

In the following size(s): _____

By: _____
(Name of Seller)

On: _____
(Date of Sale)

Trade Name of Business _____

State License Number _____ Address _____

City _____ State _____ Zip _____

Date Returned _____ The Registration Label was _____ was not _____ intact.

Keg Registration Fee: _____

FOR THE PURCHASE OF MORE THAN ONE KEG, RECORD IDENTIFICATION NUMBERS BELOW

KEG ID NUMBER

KEG ID NUMBER

KEG ID NUMBER

KEG ID NUMBER