



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