



CITY OF RUSSELL SPRINGS Keg Registration Form

Section 1 Purchaser information to be completed by SELLER:

1. Licensee Name: _____
2. Date of Keg Sale: ____/____/____ Date of Keg Pickup: ____/____/____
3. Keg Size: _____ Keg Tag Number: _____
4. Deposit Amount: \$_____ Type of Payment _____
5. Purchaser's Name: _____ Date of Birth: ____/____/____
6. Purchaser's Current Address: _____
7. Purchaser's Telephone Number: #1 () _____ #2 () _____
(Two (2) Phone Numbers Required)
8. Type of Photo ID Presented: _____ # _____
(Attach Photo Copy, front and back of ID)
9. Deposit Refund Date: ____/____/____ Date of Keg Return ____/____/____

Section 2 Certifications to be read by PURCHASER:

I, the undersigned, herein certify to the following:

1. I am of legal age to purchase, possess and consume the malt beverage.
2. **I am not purchasing this malt beverage for resale and will not allow any person under the age of 21 to consume the malt beverage.**
3. I will not remove, obliterate the Keg ID tag nor allow anyone else to remove or obliterate the Keg ID tag.
4. I am aware of my duty to maintain a copy of this registration form visible and readily accessible.
5. I am aware that, should I violate any of the provisions listed above, I shall be subject to a fine of not less than \$100 nor more than \$200 or be imprisoned in the county jail for not more than six months or both for the first offense, and for the second and each subsequent violation shall be subject to a fine of not less than \$200 nor more than \$500 or be imprisoned in the county jail for not more than six months, or both.

Section 3 Site and signature information to be completed by PURCHASER:

This keg will be physically located and consumed at the following property address(s):

Under penalties of perjury, I hereby attest that I have read the certifications and that the information provided and stated here is true and complete. I acknowledge that the misuse of this malt beverage keg or its contents may result in criminal prosecution, civil liability or both.

A COPY OF THIS SIGNED FORM IS TO BE FAXED TO THE LOCAL ABC OFFICE IMMEDIATELY.

Date

Signature of Purchaser

Licensee Representative