



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
Alcohol Beverage Licensing
KEG REGISTRATION FORM

(Required on all Kegs Sold to Retail Purchaser with a Capacity of over 5.16 Gallons)

Note to License Holder:

This form must be kept for a minimum of 90 days from the date of purchase and be made available for inspection by the Department or appropriate law enforcement agencies.

Keg Identification Number: _____

Name of License Holder: Famulari's Brewpub DBA: Fam's Brewing Co.

License Holder's Address: 1291 Folly Road Charleston, SC 29412

License Holder's License or Permit Number: Retail: 100308515 / Instate Brewery: 320751076-PWY

Name of Purchaser: _____ Date of Purchase: _____

Purchaser's Address: _____

Purchaser's Date of Birth: _____ Number of Kegs Purchased: _____

Purchaser's Driver's License or Identification Card Number: _____

Purchaser's Acknowledgement: The undersigned Purchaser, does hereby attest to the accuracy of the purchaser's information, as indicated above; and that he or she acknowledges that unless otherwise permitted by law, it is unlawful to transfer beer to a person under the age of twenty-one; and that unless otherwise permitted by law, the beer in the keg that is being purchased will not be consumed by a person under the age of twenty-one.

Purchaser

License Holder shall fill out all information requested below at appropriate time:

Date Returned _____ Returned with Keg ID Tag(s) Properly Affixed: Yes _____ No _____

----- Detach Here -----

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Note to License Holder: You must indicate below, and provide this receipt to the Purchaser, indicating whether the keg(s), when returned, had the Keg ID Tag(s) properly affixed.

Keg Identification Number(s): _____

Returned with Keg ID Tag(s) Properly Affixed: Yes _____ No _____ Date Keg(s) Returned: _____

Signature of License Holder or Authorized Representative: _____