State of Louisiana

Office of Tobacco and Alcohol and Control

Ernest Legier Jr., Commissioner

Retail Keg Registration Form

Retailer Information:

Owner Name (Individual, Partnership, LLC, Corporation)	Trade Name (Name listed on State Alcohol Permit)	
Location Address (Street, City, State, & Zip Code)		Permit Number
Sales Person	Location Parish	Business Phone Number

Purchaser Information:

Name of Purchaser (print/type full legal name)	ID#, State (Driver's License, State ID, etc.)	Phone Number
Date of Birth (month, day, & year)	Age	Residence Address (Street, City, State, & Zip Code)

Keg(s) Information (to be filled out by retailer): **Date & Time of Purchase:** at

Keg Identification Number(s):	
(1)	(4)
(2)	(5)
(3)	(6)
***NOTE: If the keg does not have an identification number, it is not authorized to be sold under Louisiana Revised Statute 26:306.**	
Was the purchaser's identification thoroughly checked at the time the keg was purchased?	☐ Yes ☐ No
If yes, what type of ID was checked? **Check Type:** ☐ Driver's License ☐ State ID ☐ Military ID ☐ Passport/VISA	
Deposit:	**$**

I, _____, am of legal age to purchase and possess this keg of alcoholic beverage
Print or type name (purchaser)
identified above and will not knowingly allow any person under the age of twenty-one (21) years to illegally consume this beverage. I will not obliterate, or allow to be removed the Identification Number required on this keg.

Purchaser: _____
Apply Signature **Date**

Retail Representative: _____
Apply Signature **Date**

Date Keg Was Returned: Retailer Recipient (print/sign) _____

This form must be completed prior to purchaser receiving keg. Provide copy to purchaser. Original must be kept on file for not less than six months from the date keg is returned to retailer.