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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

REQUEST FOR AND ACKNOWLEDGEMENT OF RECEIPT OF KEG TAGS

ABL-908
(Rev. 8/12/25)
3426

Date: _____ Legal entity name or sole proprietor: _____

Physical address: _____
Street

_____ _____ _____
City State ZIP

License or permit number: _____ Number of keg tags requested: _____

By the signature attested to herein above, the undersigned does hereby attest that they are acting on behalf of the above-referenced license holder; and does hereby request and does hereby acknowledge receipt of the keg tags listed below.

_____ _____
Signature on behalf of licensee Print name

For SCDOR use only:

Keg identification tags furnished to license holder:

From: _____ To: _____ _____
Signature of SCDOR employee