

# MISSISSIPPI DEPARTMENT OF REVENUE OFFICE OF ALCOHOLIC BEVERAGE CONTROL DRY CONCEALED DAMAGE CLAIM - FORM 100

ABC ORDER # \_\_\_\_\_

Please complete a separate form for each order number.

PERMIT NUMBER \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

DATE \_\_\_\_\_

| ITEM NO. | ITEM NAME | ITEM SIZE | QUANTITY<br>in BOTTLES | SUPPLIER REPRESENTATIVE |           |            | REASON |
|----------|-----------|-----------|------------------------|-------------------------|-----------|------------|--------|
|          |           |           |                        | NUMBER                  | SIGNATURE | PRINT NAME |        |
|          |           |           |                        |                         |           |            |        |
|          |           |           |                        |                         |           |            |        |
|          |           |           |                        |                         |           |            |        |
|          |           |           |                        |                         |           |            |        |
|          |           |           |                        |                         |           |            |        |
|          |           |           |                        |                         |           |            |        |
|          |           |           |                        |                         |           |            |        |
|          |           |           |                        |                         |           |            |        |
|          |           |           |                        |                         |           |            |        |

\_\_\_\_\_  
Permittee's Signature

Send form to: Alcoholic Beverage Control  
Attention: Processing  
P.O. Box 540  
Madison, MS 39130 - 0540

ABC approved by: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be submitted to ABC within 60 days of the order date.