

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 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.