

KANSAS DEPARTMENT OF REVENUE
TOBACCO PRODUCTS
APPLICATION FOR DISTRIBUTOR'S LICENSES

FOR OFFICE USE ONLY

VAL #: _____

License #: _____

Year: _____

Issue Date: _____

FEE: \$25.00

1. _____ 2. _____ 3. _____
 Business Name (Name here must be same as on bond) Federal Employer ID Number Business Phone Number

4. _____
 DBA Name

5. _____
 Mailing Address, City, County, State, Zip

6. _____
 Exact Location where Tobacco Products will be distributed: Address, City, County, State, Zip

7. Type of Ownership: Individual Partnership Corporation Other _____

8. If you plan to sell tobacco over the internet, telephone or via mail order, please provide your email or web page address:

9. The full and correct name of applicant (if partners, state name and address of each; if corporation, list officers and their full titles. List and attach additional names on a separate sheet.)

Name	Title	Home Address	SSN
a. _____			
Email Address: _____			Percentage of Ownership _____ %
b. _____			
Email Address: _____			Percentage of Ownership _____ %
c. _____			
Email Address: _____			Percentage of Ownership _____ %
d. _____			
Email Address: _____			Percentage of Ownership _____ %

Applicant further states that he will conduct this distributor's tobacco products business in compliance with the Kansas Tobacco Products Tax Law and Regulations.

 Name (print)

 Title (print)

 Signature (owner, partner, or corporate officer)

 Date

NOTE: No license will be issued unless application contains complete required information and is properly executed, and supported by a bond accepted by the Director of Taxation.

Sign and submit this application and fee amount to the Kansas Department of Revenue: Cigarette Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680

If you need any additional copies of the application you can find it at: <http://ksrevenue.gov/bustaxtypescig.html> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email kdor_cigtob@ks.gov