

KANSAS REGISTRATION SCHEDULE FOR ADDITIONAL BUSINESS LOCATIONS

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RCN - FOR OFFICE USE
ONLY

EIN: _____ - _____

Use this schedule to register a business location in addition to the one listed in Part 4 of Form CR-16. Complete this form for **each** new or additional location. You must provide the following information for each new or additional location so that your customer profile can be maintained with the most current information. A new Kansas customer identification number is not required for additional locations; report all sales for the new or additional location(s) under your current customer identification number.

Check the box for each tax type, license or registration needed for the location listed below.

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|--|--|--|
| <input type="checkbox"/> Retailers' Sales Tax | <input type="checkbox"/> Tire Excise Tax | <input type="checkbox"/> Liquor Drink Tax |
| <input type="checkbox"/> Retailers' Compensating Use Tax | <input type="checkbox"/> Vehicle Rental Excise Tax | <input type="checkbox"/> Cigarette Vending Machine Permit |
| <input type="checkbox"/> Consumers' Compensating Use Tax | <input type="checkbox"/> Dry Cleaning Surcharge | <input type="checkbox"/> Retail Cigarette License |
| <input type="checkbox"/> Transient Guest Tax | <input type="checkbox"/> Liquor Enforcement Tax | <input type="checkbox"/> Water Protection/Clean Drinking Water Fee |

1. Trade Name of Business: _____

2. Business Location: _____

(Street Address - Do not enter PO Box)

(City)	(County)	(State)	(Zip Code)
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3. Is the business located within the city limits? No Yes If yes, what city? _____

4. Describe the primary business activity at this location: _____
Enter business classification NAICS Code (from Publication KS-1500; see instructions on page 6): _____

5. Business telephone number: () _____ Email Address: _____

6. Date location opened under this ownership: Month ____ Day ____ Year ____

7. Do you ship or deliver merchandise to Kansas customers? No Yes

8. Will sales be made from various temporary locations? No Yes

9. If your business is seasonal, list the months you operate: _____

10. Is your business engaged in renting or leasing motor vehicles? No Yes Are the leases for more than 28 days? No Yes

11. Do you make retail sales of cigarettes over-the-counter, by mail, by phone, or over the internet? No Yes If yes, you **must enclose** with this application, a check or money order for **\$25.00 for each location** and provide your e-mail or web page address: _____

If you plan to sell cigarettes over the internet, by phone, or via mail order, provide your e-mail or web page address: _____

12. Will you be the operator of cigarette vending machines? No Yes If yes, you **must enclose** Form CG-83 and list the serial number, location addresses, and manufacturer's brand name of each machine. Also, **enclose** a check or money order for **\$25.00 for each machine**.

13. Is this location a hotel, motel, or bed and breakfast? No Yes If yes, number of sleeping rooms available for rent/lease: _____

14. Do you sell new tires and/or vehicles with new tires? No Yes Estimate your monthly tire tax (\$.25 per tire): \$ _____

15. If you are a dry cleaner or laundry retailer, do you have satellite locations or agents in businesses not classified as a dry cleaning or laundry facility? No Yes If yes, enclose an additional page listing the name, business type, address, city, state and zip code of each satellite location.

16. If you are registering an additional location for Liquor Drink Tax, enter the date of the first sale of alcoholic beverage at this location:

Month ____ Day ____ Year ____ Check type of license:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Class "A" Club | <input type="checkbox"/> Class "B" Club | <input type="checkbox"/> Caterer | <input type="checkbox"/> Hotel (Entire premises) |
| <input type="checkbox"/> Hotel/Caterer | <input type="checkbox"/> Drinking Establishment | <input type="checkbox"/> Drinking Establishment/Caterer | |

17. Are you a public water supplier making retail sales of water delivered through mains, lines, or pipes? No Yes

18. Do you make retail sales of motor vehicle fuels or special fuels? No Yes If yes, you must also have a Kansas Motor Fuel Retailers License. The application, Form MF-53, is available from our web site or office. Complete separate application for each retail location.

**Send this form and any payments to: Kansas Department of Revenue, 915 SW Harrison St., Topeka, KS 66625-9000 or fax to: (785) 291-3614.
For assistance call (785) 368-8222.**