

RE: Salesperson Renewals

Salesperson licenses expire on December 31. If your payment is received after December 31, you will be assessed a penalty of 100% of the license fee. The license fee is \$20 for each license.

You may renew your licenses online at www.kdor.ks.gov/Apps/kcsc/login.aspx, please see the instructions below. You may also renew your licenses by mail to Cigarette and Tobacco, PO Box 750680, Topeka, KS 66625-0680. Make your check payable to KDOR. Please indicate in the memo or description portion of your check, "Cigarette Renewal".

If you have not previously renewed online follow the instructions below:

If you are not registered to use the “Customer Service Center”, click on “**Register Now.**” After completing the required information, click on “Register” and then “Continue.” Then select “Account Management.”

If you are already registered to use the “Customer Service Center”, click on “**Log In**” and sign in using your User ID and Password. Click on the “Business account” link. Then select “Add an account to this login.”

At this point, you will enter the FEIN (Federal Employers Identification Number) or [SSN (Social Security Number) if you do not have a FEIN] in the “Identification Number” field. Enter your Access Code and select “Continue.” To obtain an “Access Code” contact Cigarette and Tobacco at the phone number below.

To renew your license(s):

1. Select the link for “Your License List.”
2. Select the link for “View/Renew” next to the license you wish to renew.
3. Verify license information, read the statement at the bottom of the screen, and click the “I Agree” box. Then, select “Continue.”
4. Repeat steps 3 and 4 for each license to be renewed. When finished, click “Continue.”
5. To submit and pay for the renewal(s), select the link for “Submit applications and pay fees.” Follow the instructions on the screen.

If you have any questions or need additional assistance, please contact our office at 785-368-8222, choose option 5 followed by option 4, then option 1, from 8 a.m. to 4:45 p.m., Monday through Friday, or email us at: kdor_cigtob@ks.gov, or if needing forms visit our website at: <http://www.ksrevenue.gov/bustaxtypescig.html>.

MANUFACTURER SALESMAN CIGARETTE LICENSE / WHOLESALE SALESMAN ID CARD RENEWAL APPLICATION

Manufacturer Salesman Cigarette License Renewal Application Fee: \$ 20.00

Wholesaler Salesman ID Card Renewal Late Fee: \$ _____

Years applying for: _____ Total Enclosed: \$ _____

Kansas Sales Tax #: _____ FEIN / SSN #: _____

Business Name: _____

Mailing Address, City, State, Zip: _____

Business Phone #: _____ Ownership Type: _____
(Individual, Corporation, LLC, Partnership)

Current License/ID #: _____

Salesman Name: _____

Home Address, City, County, State, Zip: _____
(As shown on driver's license)

Email Address: _____

Supervisor Name: _____

Supervisor Address: _____

Signature of Supervisor

Phone Number of Supervisor

The undersigned hereby certifies to be correct to the best of his/her knowledge and belief that all owners, partners, corporate officers and directors are of good moral character and reputation in the community in which they reside and further have not within two years preceding the filing of this application been convicted of any felony or crime involving moral turpitude or any crime involving any law of any state or of the United States pertaining to cigarettes or tobacco products and if so convicted, has completed the sentence, parole, or probation for any such conviction more than two years immediately preceding the date of making application.

If the salesman is no longer employed by you, please provide the date of termination, sign below, and return the entire sheet to the address below.

Date of termination: _____
(If applicable, enter date and submit all pages to the address below.)

Today's Date

Printed Name of Officer

Title of Officer

Signature of Officer

Phone Number of Officer

Please review the information above for accuracy and make any changes on this form. **Complete all blank lines above.**

Submit this application and total payment amount to the KDOR Cigarette and Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680. Make your check payable to KDOR.

If you have any questions or need additional assistance, please contact our office at 785-368-8222, choose option 5 followed by option 4, then option 1, from 8 a.m. to 4:45 p.m., Monday through Friday, and email us at: kdor_cigtob@ks.gov, or if needing forms visit our website at: <http://www.ksrevenue.org/bustaxtypescig.html>