

# KANSAS REGISTRATION SCHEDULE FOR ADDITIONAL BUSINESS LOCATIONS

301418

RCN				
FOR OFFICE USE ONLY				

Employer ID Number (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.**

- |  |  |  |
|--|--|--|
| <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/Electronic 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 (include apartment, suite, or lot number): \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
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 (see instructions on page 5): \_\_\_\_\_
5. Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_
6. Date location opened under this ownership: \_\_\_\_\_
7. Do you ship or deliver merchandise to Kansas customers?  Yes  No
8. Will sales be made from various temporary locations?  Yes  No
9. If your business is seasonal, list the months you operate: \_\_\_\_\_
10. Is your business engaged in renting or leasing motor vehicles?  Yes  No Are the leases for more than 28 days?  Yes  No
11. Do you make retail sales of cigarettes and/or electronic cigarettes over-the-counter, by mail, by phone, or over the internet?  
 No  Yes If yes, **enclose** with this application, a check or money order for **\$25 for each location** and provide your email or Web page address: \_\_\_\_\_  
 If you will sell cigarettes over internet, by phone, or via mail order, provide your email or Web page address: \_\_\_\_\_
12. Will you be the operator of cigarette vending machines?  No  Yes If yes, **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 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?  Yes  No 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 a listing** with 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:  
 \_\_\_\_\_ 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	<input type="checkbox"/> Producer
17. Are you a public water supplier making retail sales of water delivered through mains, lines, or pipes?  Yes  No
18. Do you make retail sales of motor vehicle fuels or special fuels?  No  Yes If yes, you must have a Kansas Motor Fuel Retailers' License. The application (**MF-53**) is available on our website or office. Complete a separate application for each retail location.

Send this form and any payments to: **Kansas Department of Revenue, PO Box 3506, Topeka KS 66625-3506**  
**or FAX to 785-291-3614. For assistance call 785-368-8222.**