

KANSAS DEPARTMENT OF REVENUE

APPLICATION FOR CIGARETTE VENDING MACHINE DISTRIBUTOR OR DEALER'S LICENSE FOR 2018 - 2019

Application Fee: \$ 50.00

Date Issued: _____

License #: _____

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

Business Name: _____

Mailing Address, City, State, Zip: _____

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

Email Address: _____

Representing: _____
(Manufacturer or Firm Name)Brand Name: _____
(Name of machine or machines handled)

Main Address, City, State, Zip: _____

Printed Applicant Name_____
Title of Applicant_____
SSN for Applicant_____
Signature of Applicant_____
Phone Number

Submit this application and total payment amount to the Kansas Department of Revenue at: Cigarette Tobacco, PO Box 750680, Topeka, KS 66625-0680. Make your check out 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 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>