

Division of Taxation
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PO Box 750680
Topeka, KS 66625-0680
Mark A. Burghart, Secretary



Phone: 785-368-8222
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Laura Kelly, Governor

RE: Vending Machine License and Permit Renewals

The law requires the vendor to furnish their license number and permits to the wholesaler when purchasing cigarettes. The invoices accompanying the purchases of cigarettes must be retained and on file at the place of business from which cigarettes are sold for a period of three years. These invoices are subject to inspection and audit by the Director of Taxation or his representatives.

Vending machine operators must purchase their cigarettes from a wholesaler licensed to do business in Kansas. Purchasing cigarettes for resale from another retailer or vending machine operator is prohibited. A list of current licensed wholesalers can be found on our website: <https://www.kdor.ks.gov/Apps/Misc/Miscellaneous/CigToDefault>

Vending machine operators must have a current vending machine permit attached to all vending machines by January 1. An inspectors of this Department may seal any machines found that do not have a current permit attached. The seal will be removed only after payment of the permit fee and penalties provided by law.

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 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: <http://www.ksrevenue.org/bustaxtypescig.html>

CIGARETTE VENDING MACHINE OPERATOR'S MASTER LICENSE AND VENDING MACHINE PERMITS RENEWAL APPLICATION FOR 2022 - 2023

of Permits*: _____ X \$ 25.00 = \$ _____

Late Fee: \$ _____

Total Payment Amount: \$ _____

Current License #: _____ Kansas Sales Tax #: _____

Business Name: _____ FEIN / SSN #: _____

Mailing Address, City, State, Zip: _____

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

DBA Name: _____

Email Address: _____

***Please verify the list of vending machines on the attached sheet for serial numbers and locations. Attach, CG-83 if you have additional machines to add.**

Please identify the names of all wholesalers from whom you plan to purchase cigarettes. (Add additional sheets as necessary.)

Business Name

Complete Address

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 you are no longer selling cigarette, please provide the date you stopped selling, sign below, and return the entire sheet(s) to the address above.

Date stopped selling cigarette: _____
(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 tot payment amount to the KDOR Cigarette and Tobacco, Customer Relations, PO Box 750608., Topeka, KS 66625-0680. Make your check payable to KDOR.

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