

RE: Cigarette and Tobacco License Renewals

All Cigarette licenses expire on December 31 of every odd year and Tobacco licenses expire every year on December 31. To renew your license(s), simply click the "Customer Service Center" in the upper right hand corner of the Departments website at: [www.ksrevenue.org](http://www.ksrevenue.org) or you can click on **File Your Taxes Online**.

**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 an FEIN] in the "Identification Number" field. Enter your Access Code and select "Continue." To obtain an "Access Code" contact Cigarette 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, and email us at: [kdor\\_cigtob@ks.gov](mailto:kdor_cigtob@ks.gov), or if needing forms visit our website at: <http://www.ksrevenue.org/bustaxtypescig.html>.

## KANSAS DEPARTMENT OF REVENUE

**CIGARETTE VENDING MACHINE OPERATOR'S MASTER LICENSE AND  
VENDING MACHINE PERMITS RENEWAL APPLICATION FOR 2018 - 2019**

# 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

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 tobacco, please provide the date you stopped selling, sign below and return the entire sheet(s) to the address above.

Date stopped selling tobacco: \_\_\_\_\_  
(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 Cigarette Tobacco, Customer Relations, PO Box 758573, Topeka, KS 66675-8573. 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 from 8 a.m. to 4:45 p.m., Monday through Friday, and email us at: [kdor\\_cigtob@ks.gov](mailto:kdor_cigtob@ks.gov), or if needing forms visit our website at: <http://www.ksrevenue.org/bustaxtypescig.html>