KANSAS DEPARTMENT OF REVENUE

CIGARETTE VENDING MACHINE LISTING

Name of Company:_____ Operator License #:_____ Phone #:_____

Address, City, State, Zip:_____ Number of Machines:_____

Machine Brand Name	Machine Serial #	Location DBA Name	Location Address of Machine	County	Current Permit #

_____ _____

Signature of Dealer Date

Submit this listing with Form CG-73 if you have additional machines to the Kansas Department of Revenue. 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**

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