Cigarette Tobacco Customer Relations 915 SW Harrison St Topeka, KS 66612-1588 Samuel W. Williams, Secretary



Phone: 785-368-8222 FAX: 785-296-4993 www.ksrevenue.org Governor Jeff Colyer, M.D.

## **NOTICE**

TO: Retail Cigarette / E-Cigarette Dealers and Vending Machine Operators

SUBJECT: Renewal of Cigarette Licenses

All Cigarette/E-cigarette Licenses expire on December 31<sup>st</sup>. The renewal application for 2018–2019 is enclosed. Please complete the application and remit the required fee of \$25.00 for each license or permit. Mail the application and fee to Cigarette Tobacco, Customer Relations, 915 SW Harrison St., Topeka, KS 66612-1588. Make your check payable to KDOR. Please indicate in the memo or description portion of your check, "Cigarette Renewal." If your application is received after December 31, 2017, you will be assessed a penalty of 100% of the license fee.

The law requires the retailer and the vendor to furnish their license numbers to the wholesaler when purchasing cigarettes/e-cigarettes. The invoices accompanying the purchases of cigarettes/e-cigarettes must be retained and on file at the place of business from which cigarettes/e-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.

Retailers and vendors <u>must</u> purchase their cigarettes from a wholesaler licensed to do business in Kansas. Purchasing cigarettes for resale from another retailer or vendor is prohibited. A list of current licensed wholesalers can be found on our website at: http://ksrevenue.org/bustaxtypescig.html.

Vending machine operators must have a current vending machine permit attached to all vending machines by January 1. An agent 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 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.

## KANSAS DEPARTMENT OF REVENUE

## RETAIL CIGARETTE / E-CIGARETTE DEALER'S RENEWAL APPLICATION FOR 2018 - 2019

|   | Application Fee:   | \$                             | 25.00                                    |
|---|--|--------------------------------|--|
|   | Late Fee:  | \$                             |  |
|   | Total Payment Amount:  | \$                             |  |
| Current License #:  | FEIN / SSN #:  |                                |  |
| Business Name:  | Kansas Sales Tax #:  |                                |  |
| Mailing Address, City, State, Zip:  |  |                                |  |
| Business Phone #:   | Ownership Type:(Individual, Corporation, L   | .LC, Partr                     | nership)                                 |
| DBA Name:   |  |                                |  |
| Location Address, City, County, State, Zip:   |  |                                |  |
| Email Address:  |  |                                | _  |
| Please identify the names of all wholesalers from whom necessary.)  | you receive cigarettes/e-cigarettes. (Add ad   | dditiona                       | ll sheets as                             |
| Business Name   | Complete Address   |                                |  |
|   |  |                                |  |
| The undersigned hereby certifies to be correct to the becorporate officers and directors are of good moral charafurther have not within two years preceding the filing of the moral turpitude or any crime involving any law of any stoproducts and if so convicted, has completed the sentency years immediately preceding the date of making application. | cter and reputation in the community in which his application been convicted of any felony ate or of the United States pertaining to cigoe, parole, or probation for any such convicted. | ch they<br>or crim<br>parettes | reside and<br>ne involving<br>or tobacco |
| If you are no longer selling tobacco, please provide the date yaddress above.   | you stopped selling, sign below and return the e   | entire sh                      | eet(s) to the                            |
| 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, 915 SW Harrison St., Topeka, KS 66612-1588. Make your check payable to KDOR.

If you need any additional copies of the form you can find them at: <a href="http://ksrevenue.org/bustaxtypescig.html">http://ksrevenue.org/bustaxtypescig.html</a> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email <a href="http://ksrevenue.org/bustaxtypescig.html">kttp://ksrevenue.org/bustaxtypescig.html</a> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email <a href="http://ksrevenue.org/bustaxtypescig.html">kttp://ksrevenue.org/bustaxtypescig.html</a> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email <a href="http://ksrevenue.org/bustaxtypescig.html">kttp://ksrevenue.org/bustaxtypescig.html</a> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email <a href="http://ksrevenue.org/bustaxtypescig.html">kttp://ksrevenue.org/bustaxtypescig.html</a> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email <a href="http://ksrevenue.org/bustaxtypescig.html">kttp://ksrevenue.org/bustaxtypescig.html</a> or have any questions.