

RE: Wholesale Cigarette Dealers License Renewals

Cigarette Wholesaler's Licenses expire on December 31. If your payment is received after December 31, you will be assessed a penalty of 100% of the license fee. The license fee is \$50 for each license. Your license will not be issued if your account has an outstanding invoice over 30 days, non-filed periods, or you do not have an active bond.

You may renew your license online at www.kdor.ks.gov/Apps/kcsc/login.aspx, please see the instructions below. You may also renew your license by mail to Cigarette and Tobacco, PO Box 750680, Topeka, KS 66625-0680. Make your check payable to KDOR. Please indicate in the memo or description portion of your check, "Cigarette Renewal".

Reminders:

- If you sell cigarettes to an unlicensed retailer, you are subject to a fine, suspension or revocation of your wholesale license. Check our website at <https://www.kdor.ks.gov/Apps/Misc/Miscellaneous/CigTobSearch>
- Check the Attorney General's website at <https://ag.ks.gov/> for updated Master Settlement Agreement Directories.

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, then option 1, 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>

WHOLESALE CIGARETTE DEALER'S RENEWAL APPLICATION FOR 2022 - 2023

Application Fee: \$ 50.00

Late Fee: \$ _____

Total Enclosed: \$ _____

Current License #: _____ Kansas Sales Tax #: _____

Business Name: _____ FEIN / SSN #: _____

Mailing Address, City, State, Zip: _____

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

Email Address: _____

DBA Name: _____

Location Address, City, County, State, Zip: _____

Please identify Owner, Officers, and Partners below, including percent of ownership (must add up to 100%). (Add additional sheets as necessary.)

Name	Title	Home Address	SSN	%

I certify under penalty of perjury under the laws of the State of Kansas that I will comply fully with the stamping agent requirements of K.S.A. 50-6a01, *et seq.*

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

If you are no longer selling cigarettes/e-cigarettes, please provide the date you stopped selling above and sign and return the entire sheet(s) to the address below. Please review the information above for accuracy and make any changes on this form. **Complete all blank lines above.**

Submit this bond and total payment amount to the KDOR Cigarette and Tobacco, Customer Relations, PO Box 750680, Topeka, KS 66625-0680. Make your check payable to KDOR.

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