

KANSAS DEPARTMENT OF REVENUE

AFFIDAVIT

STATE OF KANSAS)
) SS
 COUNTY OF _____)

_____, being first duly sworn, deposes and says:

That he/she has been issued and owns a Kansas Retail Cigarette License Number: _____
 _____, covering affiant's place of business at _____
(Street & No., R.F.D., City or Town)

_____, which he/she operates under the firm name and style of _____
(Trade name under which business is operated); that said licensed has become LOST,

STOLEN, OR DESTROYED, the facts with reference thereto being briefly as follows: _____

(Set out briefly the facts as known with references to loss of license)

and affiant hereby makes application for a new license in lieu of his original license for the unexpired term of said license. In the event the original license shall be recovered, the affiant agrees to surrender same forthwith to the Secretary of Revenue, Department of Revenue.

 Signature

Subscribe and sworn to before me this _____ day of _____, _____
(Year)

 My Commission Expires

 (Notary Public)

NOTE: This form of affidavit to be used by cigarette or tobacco license only when the license has been LOST, STOLEN, or DESTROYED. Known facts with reference to the loss of the original license must be set forth in the affidavit and the affidavit shall be accompanied by CG-109 and a fee of \$2.00.

Submit this Affidavit along with CG-109 and any fee due to the Cigarette Tobacco, Customer Relations, PO Box 758573, Topeka, KS 66675-8573. Make your check payable to KDOR.

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