

KANSAS DEPARTMENT OF REVENUE

**AFFIDAVIT**

STATE OF KANSAS )  
 )  
COUNTY OF \_\_\_\_\_ ) SS

\_\_\_\_\_, 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 750680, Topeka, KS 66625-0680. Make your check payable to KDOR.

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